Surveying perceived confidence and competence of Allied Health Professionals in the Edinburgh City area (in relation to provision of 24 hour posture management).

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Title of the study

Surveying perceived confidence and competence of Allied Health Professionals in the Edinburgh City area (in relation to provision of 24 hour posture management).

Background

Participants: the Allied Health Professionals working with people with various advanced physical disabilities.

In the all four health and social care localities of the Edinburgh City area 50-100 members of staff will take part in research. Allied Health Professionals views will be collected to investigate the level of awareness and confidence of providing 24 hours postural management. In addition to explore perceptions of the importance of the 24 hour Posture Management training which might potentially be useful to service.

Design: Cross-sectional survey design.

Procedure: The survey will be send out to Allied Health Professions (AHP) managers by email using Survey Monkey link. The email sent out by AHP managers in all four health and social care localities of the Edinburgh City area (appropriate ethical and management permissions obtained).

Analysis: Descriptive analysis will be carried on by using the Excel, The responses will be compare within created professional groups. The responses will be divided in criteria/ themes accordingly. The data protection and confidentiality are carefully addressed in the study design, procedures, publication.

Aim: The aim of the study is to investigate the level of awareness and confidence of delivering the 24 hour Posture Management across the Lothians.

Search Strategy

The research will use an electronic databases: CINAHL, MEDline, SCOPUS, PUBmed.

Key words: postural care; posture management; 24h posture/postural management; body distortion AND postural care; body shape AND posture management; seating AND lying positioning; sleep system.

Introduction

Posture management is a very serious issue in health care sector. People with severe physical disabilities should be provided with correct body positioning, in lying and siting position. In the Royal College of General Practitioners, (2013) is stated that postural management is based on preserving and re-establishing people's body position, who have issues with maintain correct posture. The main point in postural care is to ensure body shape protection over 24 hour, it is to limit body distortion and secondary complications after destructive body positioning. It is very important to be aware of consequences of destructive positioning. Very often severely physically disabled people are not able to change their position by themselves (Farley et al. 2003), so bad positioning can become their habitual position (Hill and Goldsmith 2010). In the result, destructive complications might occur in body shape, muscle tone, motor performance and function of the vital organs due to changes in capacity within the abdomen and thorax. Chronic, poor posture and loss of mobility, due to abnormal muscle tightness and spasms, are strongly associated with problems such as: restricted breathing, pressure ulcers (sores), hampered digestion, body shape distortion, restricted joint movement, pain or discomfort and difficulties with moving and handling (Clanet and Brassat 2000; MS Trust 2011). The complications might cause problems with breathing, digesting, eating/ swallowing and these may lead to premature death (Farley et al. 2003; Hill and Goldsmith 2010). It is extremely important to protect especially children's body shape as those who have difficulties with complex physical disabilities might suffer in their adult life for consequences of long term deformities caused by destructive body positioning, (Knapp & Cortes 2002).

Postural care should be provided continuously in 24 hour system. This is especially difficult at night, which is usually the longest period a person spends without changing position (Sato et al. 2014). Comfort and body support is one of the main aspects of a dignified life for people with severe disabilities. Body shape care prevents the body distortion and protects soft tissues and organs from damage which can sometimes be irreversible (Hill and Goldsmith 2010).

Destructive postures are positions in which the skeletal structures, internal organs and muscle structures can be damaged as the person is unsupported. In these postures, which are often asymmetric, some of the joints may be stressed, prone to distortion and pain which in turn damages muscle tone (Sato et al. 2014). Positions which are supported should be symmetrical and in balance. These positions allow all joints to be in the neutral position, which should be comfortable and all internal organs should be protected (Simple Stuff Works 2017). Natural

(primitive) reflexes ensure that the body parts, such as muscles and neurological connections, are ready to work in coordination. Muscles can contract and relax to ensure natural movement. Accordingly, correct posture management is meant to support people through protection against body distortion and ensuring a better quality of life. However, neurological damage makes the body particularly vulnerable to instability (Simple Stuff Works 2017). Crawford and Stinson (2015) suggest use of professional equipment to help better prevention of body deformity and improve body function. This especially involves seating, positioning over the night (sleep system), moving and handling trainings as well as other trainings for care staff and families. However, these authors highlight that after their programmes there is an improvement in the level of awareness across all people involved in postural care.

The research is being undertaken to indicate the level of awareness and confidence of Allied Health Professionals who are delivering 24 hour posture management and if this service is sufficient in terms of clients' needs. The survey questions was created to investigate the capability and confidence of health care professionals and will be analysed by dividing the survey questions in terms of themes and criteria of responses, as well as by profession of participants. The importance of this study increase by very little research in the 24 hour postural management topic as well as there is no other research exactly about an awareness and confidence within the health care professionals on this topic.

Aims

The aim of the study is to investigate the perceived confidence and competency of Allied Health Professionals in the Edinburgh City area (four localities: North-East, North-West, South-East, South-West) in relation to provision of 24 hour posture management. The research will aim for evidence of the level of awareness and confidence within the health care professionals who carry out the 24 hour postural management and potential needs regarding the professionals training sessions/ courses/ access to sources.

Methodology

1. **Research design**

The study is focused on healthcare service evaluation that uses a cross-sectional survey design compare the perceived confidence and competence of the Allied Health Professionals (AHP) with providing people with 24h posture management. The survey was created by the Queen Margaret University students studying Physiotherapy. Survey consists 18 questions

which supposed to investigate an awareness and confidence in providing 24 hour postural management within AHP group.

In order to distribute the survey to the Allied Health Professionals who are working in Social Services in all health and social care localities of the Edinburgh City area. To be able to start a research, project needed to gain an approval. To gain an ethics approval students sent a proposal to the QMU Divisional Ethics Committee. A Research Access Questionnaire has been submitted for review and by City of Edinburgh Council through review of the Edinburgh Council's Department of Health and Social Care Research Access Questionnaire (Appendix 1).After review permissions has been provided. The project was supported by Eddie Balfour, NE Locality AHP Manager. To run the study there was an information sheet created to be attached to the email for each potential participant. When the approval has been granted by QMU Divisional Ethics Committee and by the City of Edinburgh Council the study has begun.

The research was carried out to indicate the awareness and confidence to provide the 24 hour posture management by different health care professionals. To run the study there was an information sheet created to be attached to the email for each potential participant. The approval has been granted by QMU Divisional Ethics Committee (Appendix 5) and by the City of Edinburgh Council through review of the Edinburgh Council's Department of Health and Social Care Research Access Questionnaire (Appendix 1). The survey has been sent out via email (Appendix 3) with a link to the Survey Monkey software (Appendix 2). The information sheet has been sent with the survey as attachments, completion of the survey implies consent (Appendix 3 and 4).

2. Survey design

Data protection issue were limited by sending surveys via professional email address and surveys being anonymous. Misunderstanding of survey questions was limited by easy to understand, straightforward design of questions, frequently with answers options. The length of survey was reduced as much as it was possible to get valuable and sufficient source of information. The design of a survey was created to simplify the way of giving answers by mixed closed and open questions.

Survey was developed to investigate

- perceptions of awareness and confidence in providing 24 hour postural management within Allied Health Professionals in the city of Edinburgh

- number of receiving referrals for 24 hour postural management
- what is a reason of these referrals (if occur)
- the area of the most common issues which leads clients to the 24 hour postural management

The survey questions (see Appendix 2) were created to assure a non-complicated way of answers. Majority of questions were designed in close, tick-box response style, open questions were limited. Questions were designed to answer the aims of development.

3. Participants

A group of employees (male and female) has been recruited within different healthcare departments. All participants are over 18 years old and were able to complete the survey in English. Participants were recruited by self-selected method. See details in the “procedure” point.

Inclusion criteria

- Participants should work as Allied Health Professional
- Participants work in one of the City of Edinburgh area
- All participants above 18 years old
- Participants self-selected

Exclusion criteria:

- Non

Participants have been recruited within the Allied Health Professionals who work in four different localities of the City of Edinburgh. An email with a request of taking part in the research was sent by one of the researchers collaborating in the study, Norma Findlay who is Occupational Therapist at NE Locality. The research panel included students of Physiotherapy at the Queen Margaret University- Aleksandra Zielinska, as well as student’s dissertation supervisor of the research dr Cathy Bulley.

4. Procedure

The survey has been sent out to Allied Health Professions (AHP) managers by email using Survey Monkey link. The email sent out by AHP managers in all four health and social care

localities of the Edinburgh City area. Information regarding the study has been provided by an email where the research team introduced the topic and provide interested professionals with an information sheet (Appendix 4) and the link to the survey.

The survey questions were distributed by the link attached to the information sheet and an email via research team member Norma Findlay to the Lead AHP Eddie Balfour who forward the survey pack to rest of AHP departments' managers via professional email address. Subsequently, the emails were sent by managers to all Allied Health Professionals who can self-selected themselves to the research. Taking part in the research has been taken as a giving a consent and understanding a project. In information sheet has been given a contact details in case of questions. The survey has been sent out after gained the QMU Ethics approval and the Quality Improvement Team. The surveys were anonymous. After two weeks one reminder email has been sent due to insufficient response. Non-response has been taken as non-consent and no further emails have been sent.

The electronical surveys were anonymous, responses were downloaded straight from the survey software into the password protected computer of Norma Findlay at her workplace (Edinburgh Council NE Locality). This anonymous data was transferred to Aleksandra's password-protected QMU server space. Transportation of the data has been done by using an encrypted laptop and the data was deleted from this laptop as soon as the data has been downloaded to the QMU server space. After student's involvement in the study is complete, the data was deleted from student's server space and stored for five years in the password protected server space of QMU Cathy Bulley supervisor.

All responses have been received by 23/02/2018 and then analysed by Aleksandra Zielinska.

5. Data analysis

Data were analysed mostly descriptively using the SPSS and Excel. For open questions, frequencies of responses were calculated and presented because an individual may have included more than one response. For closed questions, percentage responses were calculated to indicate the proportion of the total sample selecting a specific response.

Survey data were compiled in Microsoft Excel and then transferred to SPSS programme to make the analysis.
Collected data will be separate for two sections. First, will include characteristics of participants and each question will be illustrated in diagrams or tables as appropriated, the

response will be presented and described. Next section will show statistical analysis, which will demonstrate in-depth analysis of the key features of the study. Statistical analysis will focus on differences between each professionals' group. The most appropriate statistical test would be Kruskal Wallis test. The Kruskal Wallis test is the non-parametric equivalent of the One-way ANOVA. The purpose of the test is to find out if any statistical difference exist between more than two independent groups. In the research there is three groups of professionals. The main features which will be analysed is the level of confidence and knowledge and also what are the differences between professionals' groups.

LITERATURE REVIEW

INTRODUCTION TO THE TOPIC.

People suffer for consequences which are results of the incorrect body posture. It happens when they are not able to correct their position in any way themselves. This might affect a lot of people with different conditions. 'In 2009, this was estimated to be just over 16,000 adults and this figure is expected to rise until 2026. There is more recent data available relating to children and in 2014 to 2015 and it was estimated that there were over 10,000 children with profound and multiple learning disabilities in England', (GOV.UK, 2018). Therefore, people who cannot correct their posture need the 24 hour posture management. As a consequence, lack of body control in terms of positioning body in incorrect way may lead to health disorders and body distortion. However, the 24 hour posture management might reduce complications related to wrong habitual body posture. General identified complications are:

- Contractures and deformities
- Tissue damage and pressure
- Compromised respiration
- Swallowing and digestive complications
- Pain and discomfort
- Raised levels of fatigue
- Reduced quality of life

Hill S and Goldsmith J. (2010) identify:

1. Risk factors for respiratory issues that might be reduced by postural management are: airway clearance dysfunction, saliva management difficulties, immobility, reflux, sleep disordered breathing, thoracic deformity.

2. Other physical issues related with body shape distortion include: problems with the musculoskeletal system, such as hip dislocation, contractures, curvature of the spine and reduced movement, difficulties in swallowing and risk of choking, constipation, pressure on internal organs, recurrent pressure sores.

3. Such complications will lead to discomfort and possibly severe pain. As a result, they will negatively affect peoples' quality of life and might cause an emotional and psychological issues including: fatigue, depression, isolation, feelings of helplessness.

The 24 hour posture management helps to maintain correct position, it might also correct long term habitual posture, however it might take longer period of time. Based on the research available there is serious gap in the service regarding posture management. Hill and Goldsmith (2010) discuss the importance of prevention of body shape distortion. Lack of management of the body can lead to body shape distortion, especially due to wrong posture in prone and supine lying position.

AIM

The main aim of 24 hour posture management is to prevent or reduce secondary complications resulting from poor posture, improve function, improve comfort and as in result improve quality of life. The effects of gravity combined with immobility will lead to the secondary complications, such as muscle and body shape distortions caused by the adverse effects of spasticity including muscle spasms, fatigue, pain, decreased function, muscle and joint distortions. In consequence, the body shape distortions cause asymmetrical postures, which increase pressure due to unequal loading of the body over the support surface(Hoffman et al., 2017).

'In 2012, the National Institute for Health and Care Excellence (NICE) recognised the clinical efficacy of body shape protection in their guidance about managing spasticity in children and young people. They stated the need for a 24-hour postural care management programme that includes assessment of the postural needs of a child or young person when they are asleep or resting. The guidance also recognised the importance of training and support of family members or carers as part of effective postural care.', (GOV.UK, 2018)

INTERVENTIONS

The focus of intervention is to lower the level of abnormal muscle tone and in a result improve mobility and function, as well as, decrease the development of contractures.

It can be achieved by implementing the use of equipment, which may help promote and provide good postural care over a 24-hour period:

- Standing frames (if the individual has this postural orientation available to them) with ranges to stand
- Wheelchairs (to promote changes in orientation)
- Special seating
- Sleep systems and positioning supports in the lying position
- Wedges and other ways of positioning for play
- Classroom positioning systems, e.g., equipment to allow a lying posture as an alternative/counter posture to sitting

Such equipment helps maintain correct body position when people is not able to change position themselves. However, equipment needs to be assessed and addressed correctly to fulfil people's body shape needs.

Each individual person should be assessed and examined to provide 24 hour postural care adjusted to needs and the level of body distortion, It will not be effective to implement only one of the sources, it should include interventions in all postural orientations available to the individual (Gericke et al., 2006). Moreover, next difficulty with providing sufficient support is recognised as lack of funding, Robertson et al. (2016) and existence of appropriate service in all locations, Morrison et al. (2016).

PROFESSIONALS

Very often, the 24 hour postural management is provided by multiple professionals. However, there is no set service which would only provide the 24 hour postural management. Castle et al. (2014) point out that the Posture Management Service is insufficient because of a lack of fully qualified members of staff and because disabled people's families are not aware of its importance. Interestingly, Castle et al. (2014) demonstrate 75.4% desire to more update courses and knowledge. However, this article might show a bias in their research as

researcher has professional relationship with participants taking part in a study. Nevertheless, participants have huge experience within this area 11-20 years 43.9% and 0-10 years 31.6%, so the main findings to exceed their knowledge to improve referrals quality of service may be accurate. Lack of guidance and appropriate training for staff and families brings concerns. Professionals and families very often do not have confidence and sufficient training sessions provided by workplace/ different organisations. Their knowledge and awareness within this topic is based on their own professional experience (Warren et al., 2005). To justify and demonstrate the value of providing training sessions, Goldsmith (2000) shows the positive outcomes after one year of evaluation of night care posture management (the Mansfield Project). The project delivered a training session for families and provided them with the necessary equipment. The outcomes based on these families' experience were positive. Based on the positive results the authors agreed that the night positioning has a large impact on muscle tone, body shape and sleep patterns. It is highly recommended to provide the care service with appropriate training sessions so that they can prevent destructive positions for clients.

Raising the awareness and development of professionals' knowledge might decrease the premature death incidents which may be the end consequence of the non-appropriate positioning (Heslop et al. 2014). This is the extreme result of non-therapeutical positioning which can cause a high risk to disabled people in the community. There are not many resources which can show how dangerous destructive positioning can be, and further research on this topic is needed. The 24 hour postural management is promoting enhance of postural tolerance, for comfort, for rest and to manage fatigue. The body structures need to change position over a day depending on activity (Dicianno et al., 2009). Wright et al. (2015), similarly to Goldsmith (2000), investigate how important is night positioning. Not only, might sleeping disorders affect well- being, behaviour, lack of motivation and physical development, but they might also affect the desire for education. Issues with sleeping were the greatest concern of care staff who were taking care of children. Unfortunately, according to research there is only for 12 % of the 21 children who required sleep positioning was the recommendation made. A few families reported that the sleep system recommended in the sleep, interfering sleep and is uncomfortable. Therefore, this might suggest the need for development of night care and the creation of a set night system as outlined in the Mansfield Project. This project shows the benefit of correct positioning over the night; the vast majority (28 from 31) of children and their families involved in it saw positive outcomes in: symmetrical body position, better sleep and

muscle tone, and less pain. Goldsmith (2000) discusses the importance of listening parent's points of view to provide "successful home treatment regimes", as they know the best their child's condition and preferences. Wynn and Wickham (2009) demonstrate a little evidence for night time positioning, however they point out similar findings as previous researchers. They support a statement that a part of night postural management needs to be approach by using a positioning equipment. In this case, occupational therapists have a key roles in assessing and providing it. Similarly, Maher et al. (2010) address limitations in their study: lack of equipment, time and skills, insufficient communication have a significant impact on delivered postural management service.

Gough (2009) points out that majority of children suffering from cerebral palsy have a huge need for continuous postural management, because in this condition there is constant development in body shape deformity. This author discusses the beneficial effect of passive stretching positioning in order to relax the soleus for an average of 6 hours daily. It prevents progressive contracture. Furthermore, within the study group, children who used an extra device during 24 hour posture care, such as seating frames, night care and standing frames were most likely to avoid hip dislocation. However, there is limited evidence for standing frames changing the bone density.

Despite this, there was a night system assessed over 36 children and their families. Unfortunately, relating to the children's comfort there were only three cases who did not raise any negative issues. Apparently, the issues for the support workers seems to increase rather than decrease as had been expected. There is the need to consider an increase in care for children with cerebral palsy to allow families to enhance the activity and participation of the child. Field and Roxborough (2012) evaluation state that determining level of sitting scale is required to maintain sitting position. Authors recommend future research to demonstrate significant benefits of seating interventions by using Level of Sitting Scale. The provision of the body shape during the 24 hour postural care is based on: improvement of function and allow person to communication effectively in different positioning; to ensure the comfort; to allow in participating in everyday activities. (Mortenson et al., 2008; Eaton, 2000; Wynn & Wickham, 2009).

There are another domains worth to analyse within the 24 hour postural care area. The questions are: when professionals/ families know that they need to intervene? What symptoms alert professionals/ family that person needs assessment for the 24 hour postural

management? Are there any guidelines or scheme which are available and might alert them to question person's body position? People who work with clients/ relatives who seek 24 hour posture care service need to be aware and knowledgeable why and when they should refer somebody to this service, (Castle et al.,2014).

Therefore, the Posture Management Working Group (PMWG) was created to investigate the level of postural management support and raise awareness of postural issues across the Lothian. They would like to deliver posture management to everyone who requires it. Moreover, to set up new service and/ or service integration to provide effective assistance in the posture management. The PMWG want to gather more evidence around the gaps in the posture management provision in Lothian management. The group was set up by professionals working in the community who observed that the posture management needs of people they came into contact with were not always being met effectively and efficiently (Boyle et al. 2012).

As a result of many unknown domains within this area, researchers would like to find out what is a procedure provided when people need the 24 hour postural care and what is a level of professional's capability to provide the 24 hour posture management.

SUMMARY

Overall, the 24 hour postural management is the great benefit for the people who are unable to maintain correct body position by themselves and people working with them (Crawford et al., 2015). There is the serious gap within the health care sector. Based on the above considerations there are areas to develop as there are no set programmes which can be adapted. The awareness of the importance of posture care is increasing. However, there is limited availability of training for professionals and families. Therefore, the level of confidence and capability to provide necessary 24 hour posture management plan is low.

Evidently, insufficient number of resources can show how dangerous destructive positioning can be, or what is the procedure/ guideline to provide assessments for certain physical conditions. Majority of research which has been done is based on experience in some physical condition rather than based on general knowledge about the 24 hour postural care. The neutral body positioning is not always achievable. Each person's needs are different and postural care should be individualised to person's needs and preferences to achieve the most optimal position for them. The process of addressing the 24 hour postural management might be limited by requirements of disabled persons' carers, the person's lack of postural

endurance and avability or possibility of use of equipment. It needs a lot of work and cooperation between professionals to provide sufficient service among clients with 24 hour postural management. Further research on this topic is needed.

RESULTS

CHARACTERISTIC OF THE PARTICIPANTS

Chapter demonstrates collected data within Allied Health Professionals in different locations in Scotland. Chapter is separated for two sections. First section includes characteristics of participants and each question is illustrated in diagrams or tables as appropriated, the response presented and described. Next section shows statistical analysis, which demonstrates in-depth analysis of the key features of the study.

Participants who took a part in the research mainly were OTs (N= 37) Physiotherapists (N= 23) and Nurses (N= 3), see Figure 1. In total 63 participants. The participants are located in the city of Edinburgh (N= 48), West Lothian (N= 8) and East Lothian (N= 3), see Figure 2.

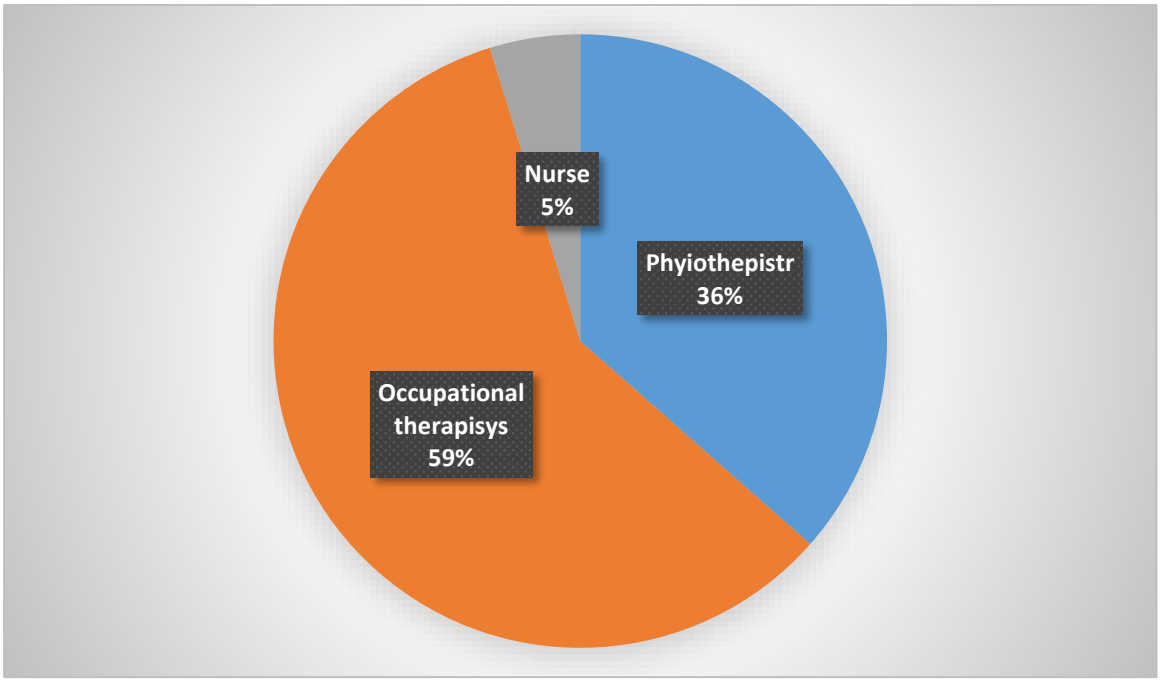

Figure 1 Proportion of participants profession?

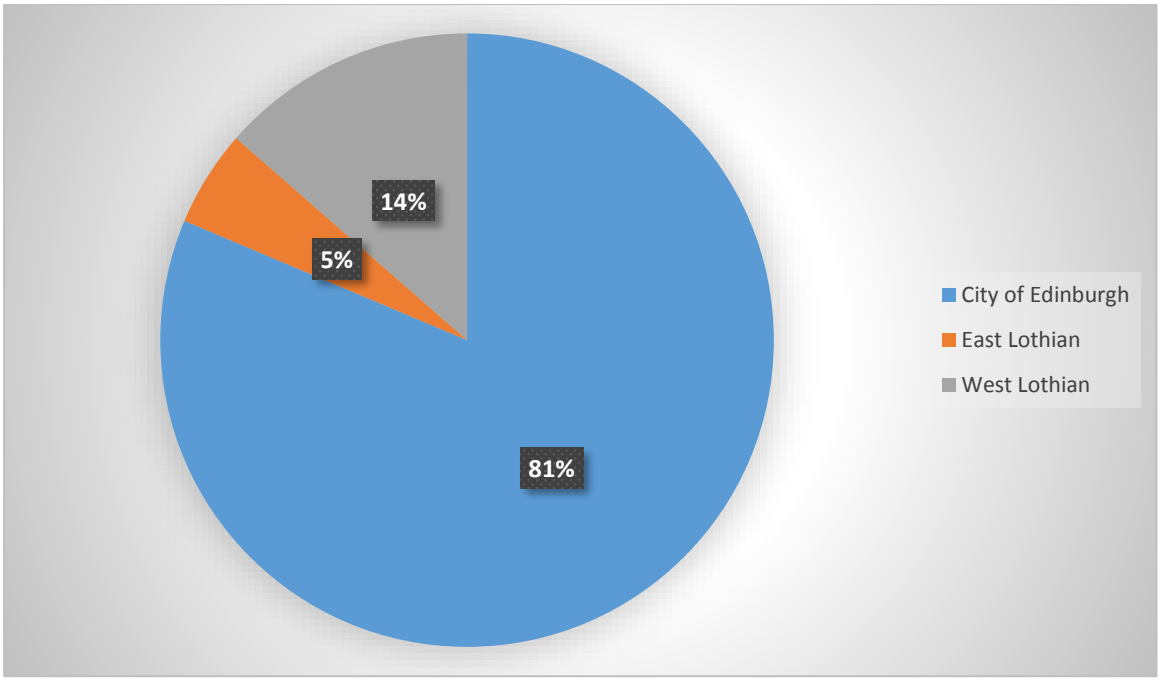

Figure 2 Proportion of participants location.

Majority of participants work in the NHS (N= 40), only 23 participants work in local authority. Professionals work with different client groups, significant majority works with people with physical disabilities (N=36), see Figure 3.

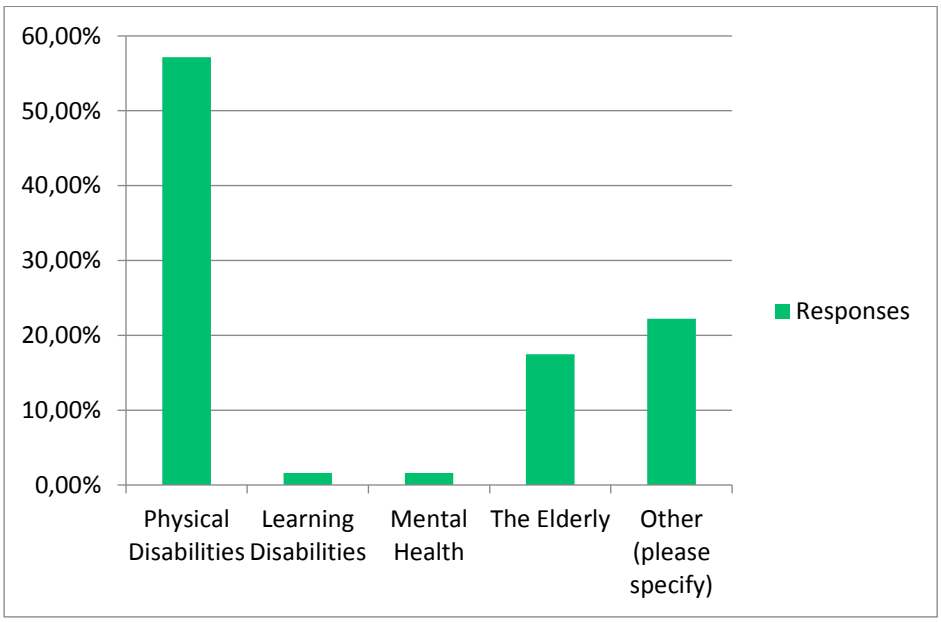

Figure 3 Which client group do you predominantly work with?

Frequencies of descriptive responses is 14. Participants gave more details regarding client groups they work with.

Table 1. Frequencies of the 'other' answers for the question 3.

Other (please specify)	Frequencies
Adults	2
All of the above	1
amputees	1
Brain injury	1
Chidren	2
LD, elderly and PD	1
MSK out-patients	1
neurorehabilitation	1
PAEDIATRICS	2
respiratory medicine aged 18+	1
Women's health	1
TOTAL	14

Question regarding referrals for 24 hour postural management shows how many of professionals is dealing with 24 hour postural management. It is 53.97% of the study group.

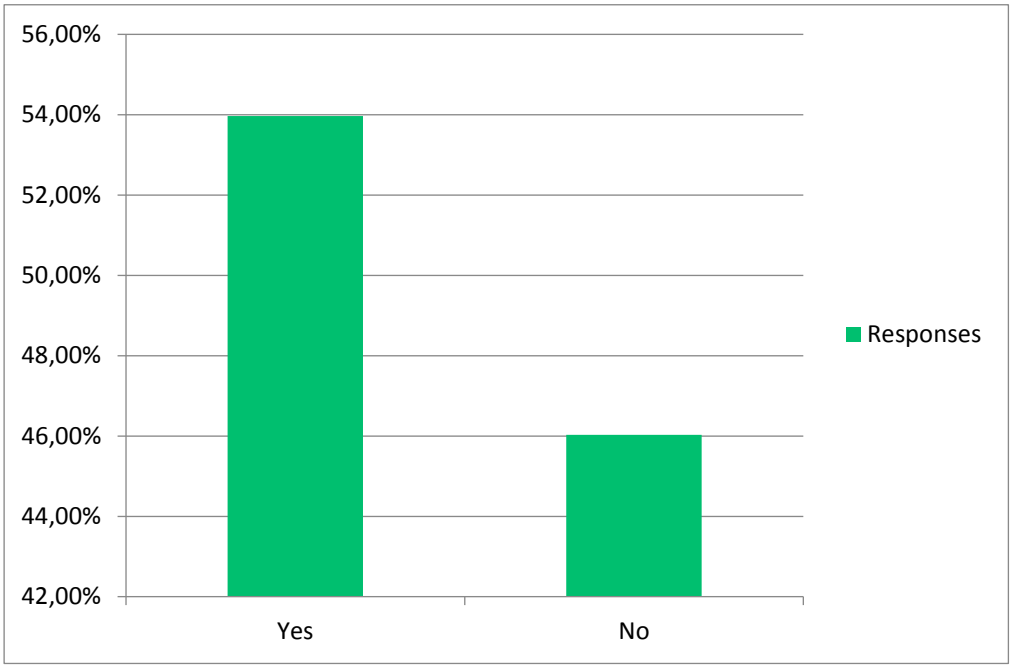

Figure 4. Proportion of the frequencies of received referrals.

The area within 24 hour postural management which brings the most concerns relate to seating assessment. Seating assessment is 39.47% of the answers, however there is the same percentage of answers relating to 'other' where participants gave the wide range of responses.

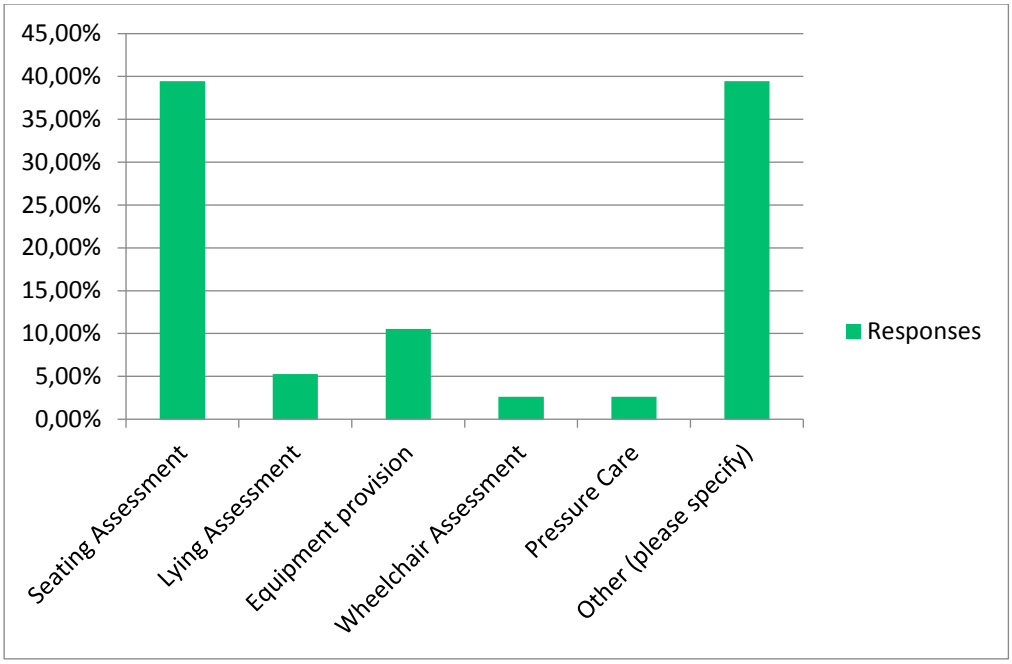

Figure 5 Proportion of the reasons for received referrals.

Responses are listed in Table 2. The range of different areas of assessments required, demonstrate the wide range of responsibilities Occupational Therapists, Physiotherapist and Nurses have to deal with on day to day basis. Number of 15 participants for 38 overall responses chose to descriptively answer the question.

Table. 2 Frequencies of the response regarding the reasons for received referrals.

Other (Specify)	Frequencies
all of the above	1
provision of posture management advice within an overall package of care	3
N/A	3
Seating and lying assessment and equipment provision	7
Correction of position in sitting and lying and aim to improve ROM for washing and dressing	1
TOTAL	15/38

Next survey question referred to frequency of received referrals. Responses are quite variable as shown in Figure 6. For this question only 36/63 participants respond.

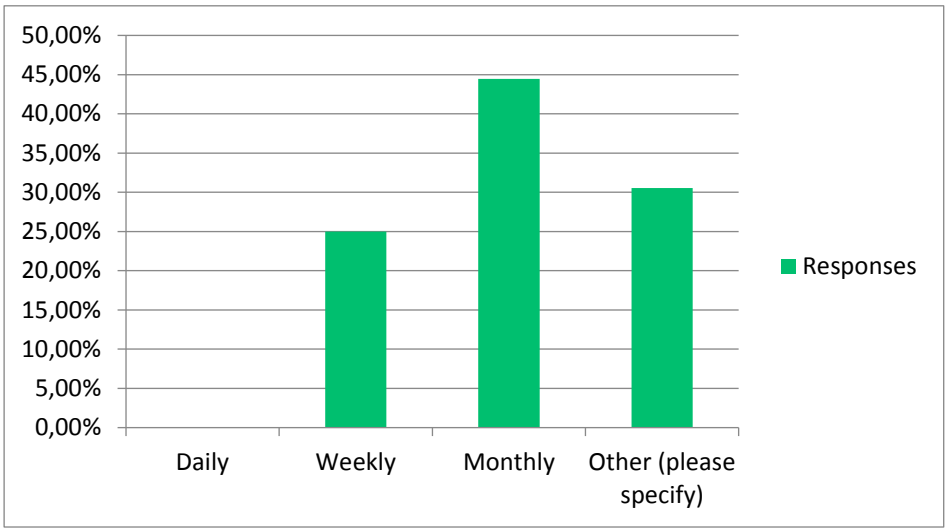

Figure 6. Proportion of the frequency of received referrals.

The Figure 6 shows variety of answers. Proportion of the frequency of referrals might depend on an area or organisation professionals work at. Variety of responses are shown in Table 3. Number of 11 respondents have chosen answer 'Other' and gave the descriptive response.

Table 3. Descriptive responses for the frequency of receiving referrals.

'Other' responses	Frequencies
approx average 4-5 weekly	1
on average every 6-8 weeks approx.	1
2-3 times annually	1
n/a	2
Various - As patients are admitted so could be daily/weekly	1
Weekly Verbal referrals to review postural support.	2
Could vary but in average monthly	1
1 in the last 2 years	1
Not as often as monthly but at times we can have a number at one time	1
TOTAL	11/36

Following question relates to knowledge about benefits of protecting body shape. Majority of respondents choose an option 'slightly knowledgeable'(N= 35), however there is large group of

responses for ‘very knowledgeable’(N= 23). Almost all participants have answered for this question (62/63).

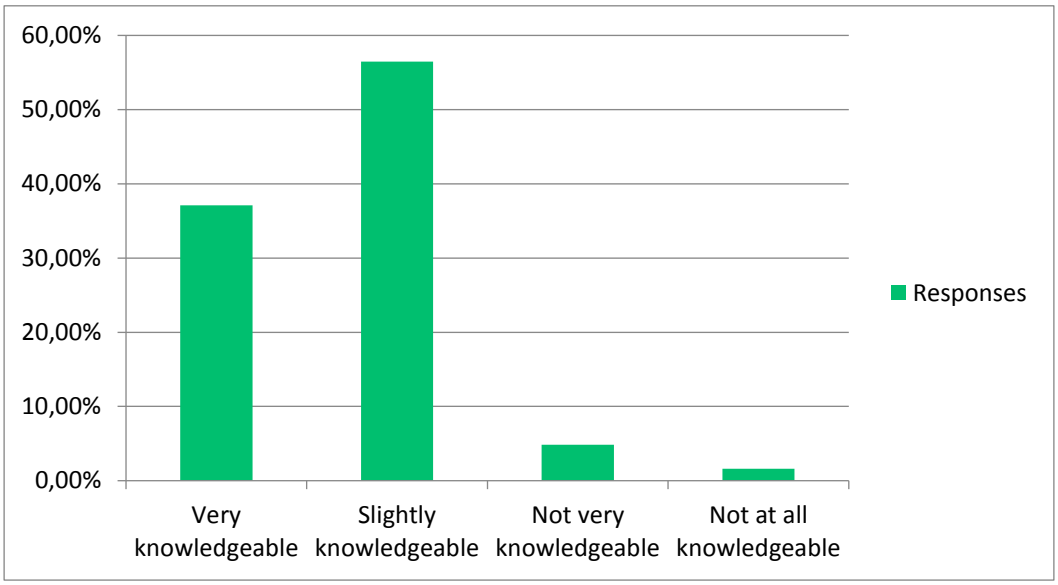

Figure 7. Likert scale for the level of knowledge regarding benefits of protecting body shape.

Next question shows how many of professionals provide advice or equipment assessment in relation to 24 hour postural management. Regardless the level of knowledge from previous question, there is 47 participants who perceive that they do provide an advice or equipment assessments for clients. Number of 61 respondents gave an answer for this question.

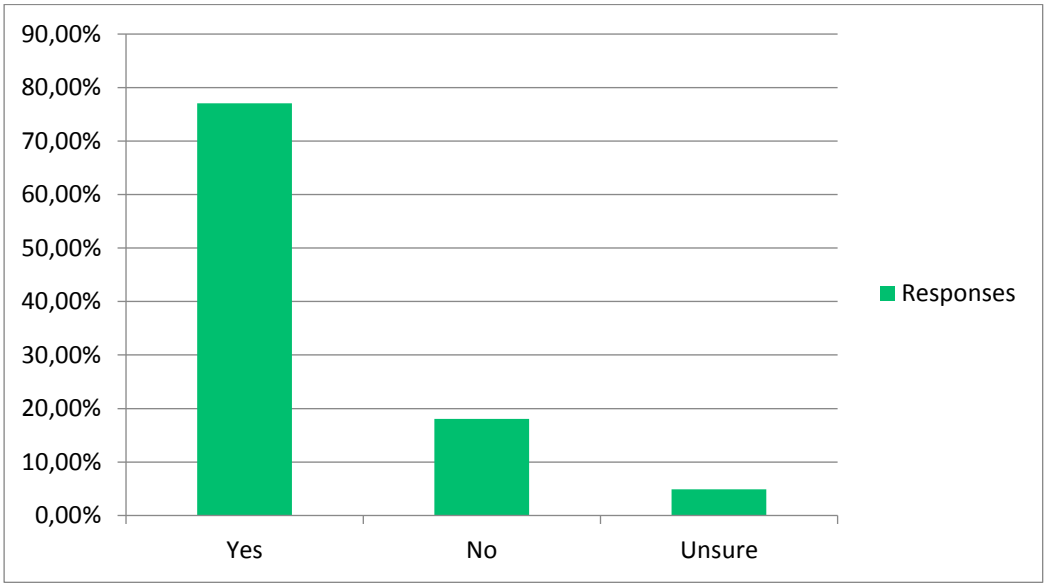

Figure 8. Responses for providing an advice or equipment in relation to 24 hour postural management.

Answers for question 9 demonstrate what areas of 24 hour posture management are the most problematic. Answers are very similar to each other. Number of 61 participants responded for this question. Participants could choose more than one answer, which they definitely did. Seating and lying/ sleeping system are the most commonly chosen responses. It is 65.57% of the overall number of responses. There is small number of 'other' responses (N=9). Professionals highlight lack of founding provided by NHS Lothian for necessary equipment which could be used as a help to maintain clients' correct body position. It shows that the issue within the 24 hour postural management might not be in a lack of knowledge or awareness but in barriers in founding to implement correct systems. Families need to fundraise/ buy an equipment themselves. Despite that, participants say that there could be a combination of all areas of body positioning which is problematic. Each of client is different and the needs vary, see Figure 9 and Table 4.

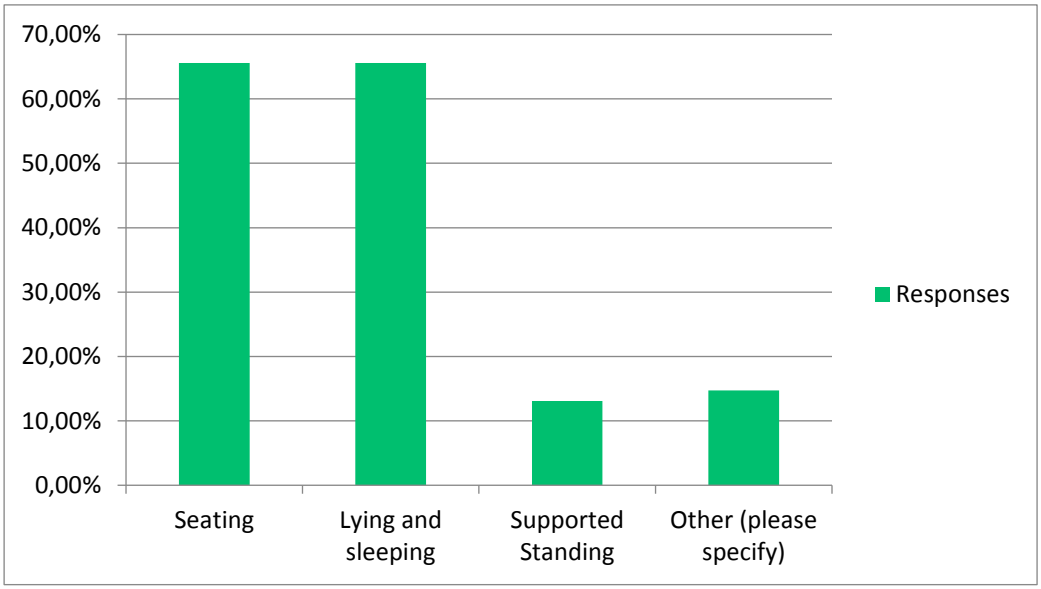

Figure 9. The most problematic area of 24 hour postural management for professionals

The Table 4. Demonstrates the responses regarding the most problematic area of the 24 hour postural management. Number of 9 participants have chosen answer 'other' and gave descriptive response. The table demonstrates the full answers which were given as they are all crucial.

Table 4. Descriptive responses regarding opinions which area of 24 hour postural management is the most problematic.

'Other' responses	Frequencies
difficulty getting care homes to purchase the advised equipment	1
training and compliance of care home staff to implement what advice you have given	1

As a nurse I often identify a postural problem and refer to an AHP colleague with specialist skills.	1
Postural management to aid activities of daily living.	1
Due to the lack of funding for children and young people in Lothian for provision of sleep systems there is often a significant time delay before charity funding can be sought by families and parents to provides the postural equipment. needs.	1
All of it.	1
It can be a combination of all of these. We are all working to maintain and support the child and their family. If something is not supportive in one area it can have implications across others. It is also key to the assessment that each piece of equipment (or even version) is looking to support the child differently.	1
There is NO funding provided by NHS Lothian for sleep systems within the paediatric services unlike other health boards where there is funding provided. The children requiring a sleep system under NHS Lothian have to fundraise/buy themselves. This then leads to parents not getting support in place that is required from a young age	1
Currently there is no financial provision for sleep systems for paediatrics within NHS Lothian. Sleep systems need to be purchased privately or through charitable funding.	1
I think it depends on the service user. For some people, lying is fine but sitting is difficult. For others, everything is difficult. I have no experience of supported standing.	1
Can provide equipment but main issue can be compliance and carers understanding. As they act for the patient if the patient refuses carers have difficulty implementing systems.	1
TOTAL:	9/61

Unfortunately, 20 of the 63 participants skipped next question which relating to signs leading to address the 24 hour postural management. However those who answered made crucial points in specified answers. The number of 21 respondents identified high tone and spasticity as a leading sign to address 24 hour posture management. Pain is next in order the most common sign (N=13). Moreover, professionals identify more than one very common sign. They notice that discomfort in sitting/lying, reduced function due to body posture, deformities or altered tone of muscles, skin problems these all give them signs to implement postural management.

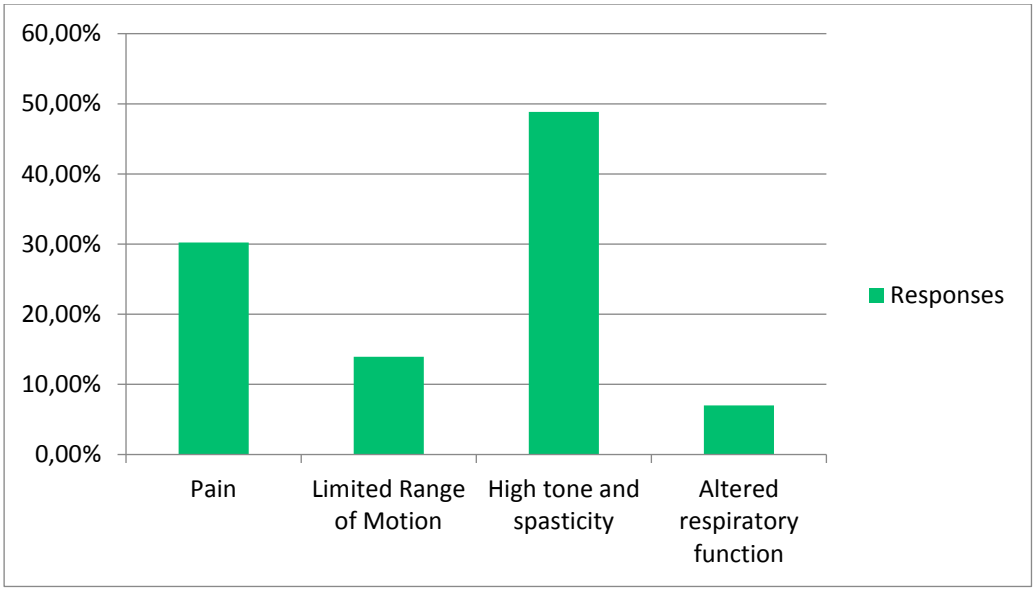

Figure 10. Clinical signs leading to address 24 hour posture management

Following question examine confidence to assess and address positioning system. Interestingly, the most common answers were slightly confident (N= 29) and very confident (N= 12). Overall, the number of responses was 62, only one person skipped the question.

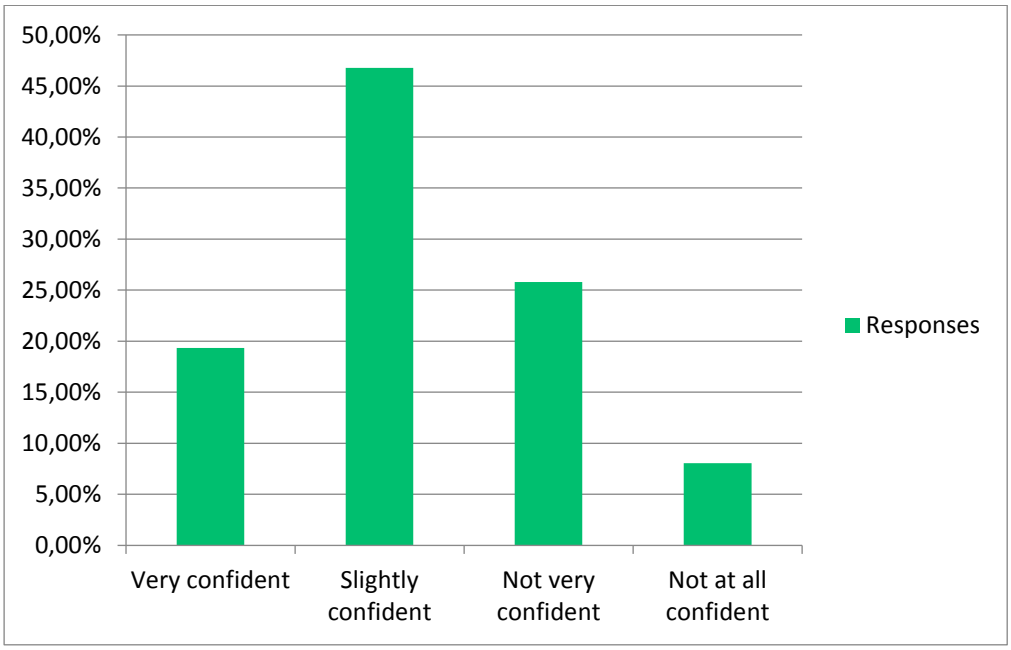

Figure 11. Likert scale shows the level of confidence to assess and address a person's 24 hour postural management needs.

Organisations do not have clarified review system as professionals do not answer next question clearly. There are answers given as 'Yes' N=20, 'No' N= 17 and 'Unsure' N= 22. The 59 participants gave an answer for this question.

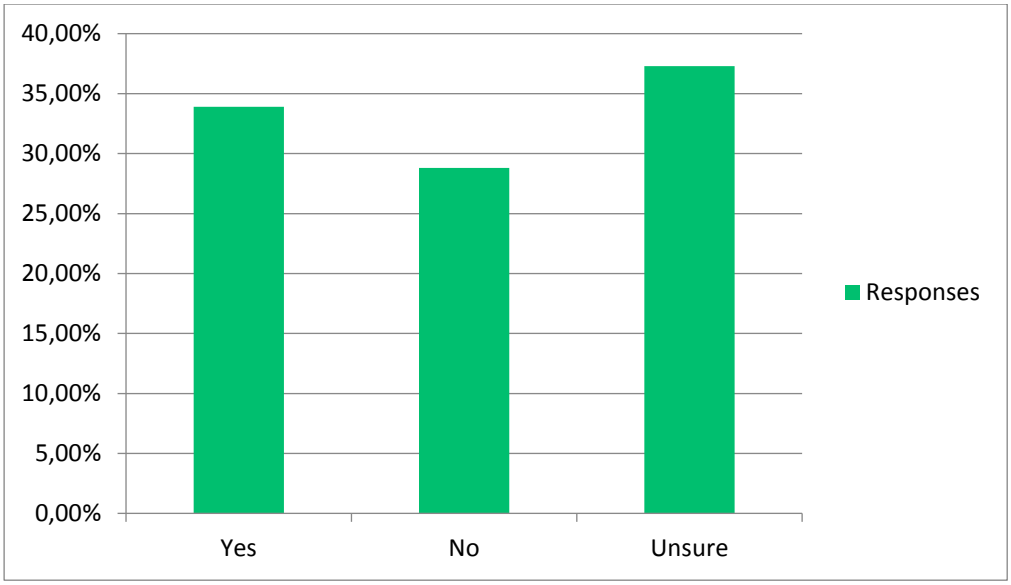

Figure 12. Existence of review system in place for 24 hour postural management intervention

Majority of professionals do not use any standardised assessment tools, which might have an impact on a quality of provided service. Only one person has known the Pressure Management Assessment Tool, 62 participants skipped a question.

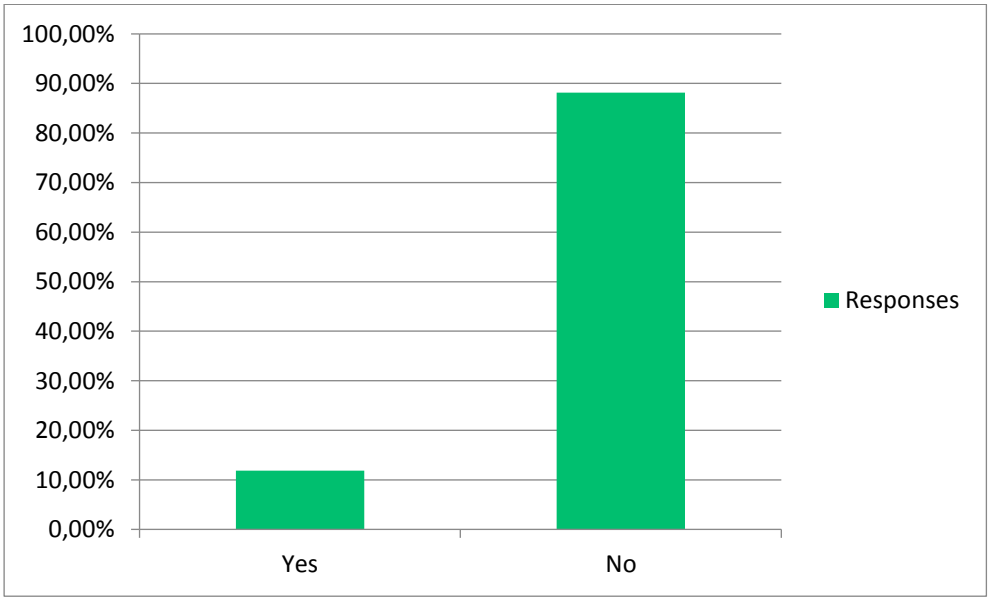

Figure 13. Usage of a standardised assessment tool.

In question asking about received training the number off 29 of answers related to 'Yes' and N= 30 to 'No' answer. Those who gave descriptive answers, were writing what kind of training they gained . A lot of them perceived that it was only in service training or it is already out of date; education from senior staff; Simple Stuff Works workshop; Training for AHPs; Masterclasses; training usually provided by equipment providers

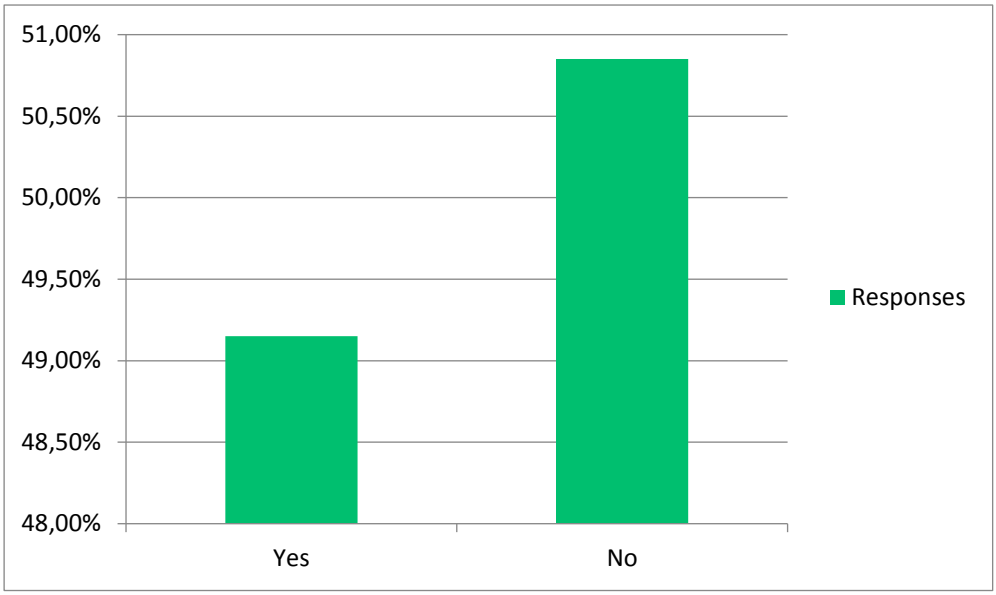

Figure 14. Received training within the 24 hour postural care.

The vast majority of professionals know who to contact in order to source further support/advice/training in relation of the topic. The most answers given are based on collaboration between colleagues/ Posture Management Link Workers/ AAH

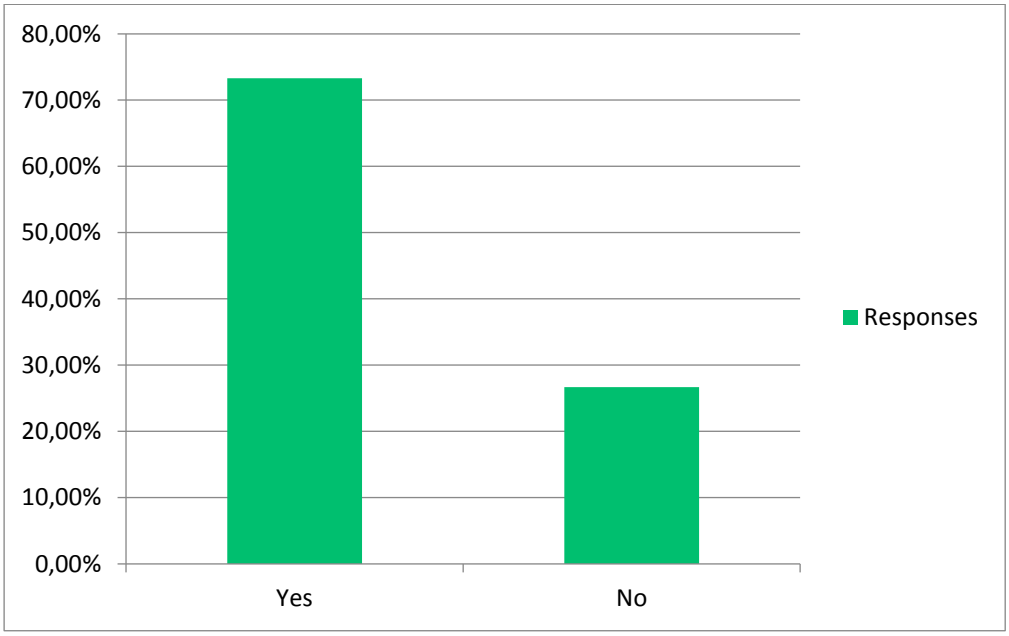

Figure 15. Professionals' knowledge in order to contact appropriate source in relation to support/advice/training within 24 hour postural management.

Answers given for the next question, state a majority N= 36 of participants believe that there are delays in accessing 24 hour postural care service. Overall, number of answers was 52 respondents for this question. The reasons for delays given by participants were regarding

lack of funding, waiting lists, avability of equipment, lack of staff, no referral pathway or lack of awareness that the 24 hour postural management is needed.

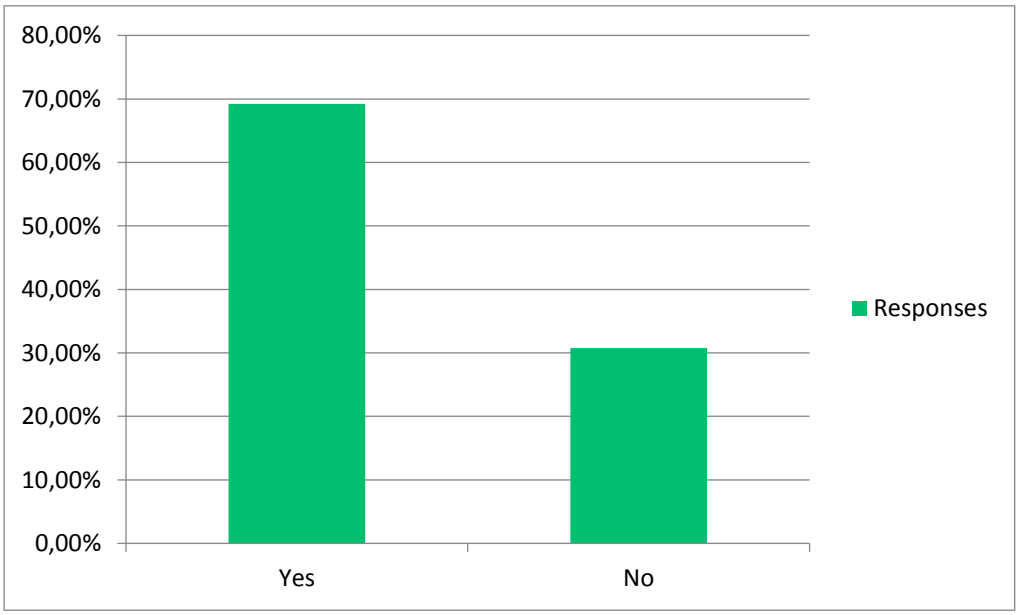

Figure 16 Delays occurring in providing the 24 hour postural management.

Last question regarding providing training sessions for families and cares participants (N= 39) clearly stated that there is need for adequate education for families and cares (see Figure 17)

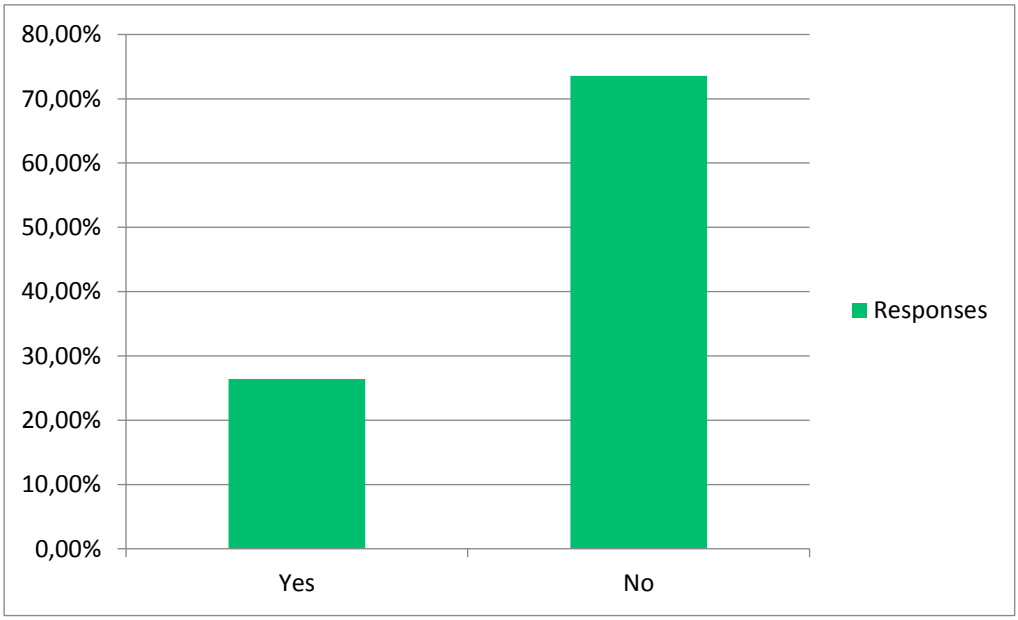

Figure 17. Professional beliefs that the education/ training of family and carers of patients with 24 hour postural care needs is adequate.

STATISTICS

1. Inferential analysis

In this section, there will be analysed the most interesting features for researcher which are the main aspects of the research question. Researcher chose the Kruskal-Wallis Test to analyse existence of statistical difference between three examined groups. The K-W test is the non-parametric equivalent of the One-way ANOVA. The purpose of the test is to find out if any statistical difference exist between more than two independent groups. The researcher also chose to analyse potential correlations between features. To do so, researcher chose Spearman's correlation analysis. The test is a rank-order correlation of the nonparametric type, it measures the strength and direction of association between two ranked variables.

- The level of confidence to assess clients with 24 hour postural management needs is worth to in-depth analysis. The Kruskal-Wallis Test shows differences in each group of professional's answers.

The results of the K-W test shows that the p value is 0.054. As this is more than 0.05, this means that no statistical significant difference exist between the groups. There is no statistical significant difference between groups.

Ranks

	professionals	N	Mean Rank
confident_to_assess	Physiotherapist	23	24,85
	Occupational Therapist	36	35,11
	Nurse	3	39,17
	Total	62	

Test Statistics[a,b]

	confident_to_assess
Kruskal-Wallis H	5,835
df	2
Asymp. Sig.	,054

a. Kruskal Wallis Test

b. Grouping Variable: professionals

- The next test shows the analysis of the level knowledge within three groups of professionals.

The results of the K-W test shows that the p value is 0.061. As this is more than 0.05, this means that no statistical significant difference exist between the groups. There is also no statistical significant difference between groups.

Ranks

	professionals	N	Mean Rank
knowledge_about_benefits_of_protecting_body_shape	Physiotherapist	23	26,35
	Occupational Therapist	37	34,46
	Nurse	3	45,00
	Total	63	

Test Statistics[a,b]

	knowledge_about_benefits_of_protecting_body_shape
Kruskal-Wallis H	5,592
df	2
Asymp. Sig.	,061

a. Kruskal Wallis Test

b. Grouping Variable: professionals

- The test shows the analysis of the level of received training within the 24 hour postural management within three groups of professionals.

The results of the K-W test shows that the p value is 0.350. As this is more than 0.05, this means that no statistical significant difference exist between the groups. There is also no statistical significant difference between groups.

Ranks

	professionals	N	Mean Rank
received_training	Physiotherapist	23	28,39
	Occupational Therapist	37	34,50
	Nurse	3	28,83
	Total	63	

Test Statistics[a,b]	
	received_training
Kruskal-Wallis H	2,101
df	2
Asymp. Sig.	,350

a. Kruskal Wallis Test

b. Grouping Variable: professionals

- The next test shows the analysis of the level of involvement in providing the 24 hour postural management within three groups of professionals.

The results of the K-W test shows that the p value is 0.117. As this is more than 0.05, this means that no statistical significant difference exist between the groups. There is also no statistical significant difference between groups.

Ranks

	professionals	N	Mean Rank
involvement_in_providing_24_hour_postural_management	Physiotherapist	20	29,33
	Occupational Therapist	35	28,11
	Nurse	3	46,83
	Total	58	

Test Statistics[a,b]	
	involvement_in_providing_24_hour_postural_management
Kruskal-Wallis H	4,298
df	2
Asymp. Sig.	,117

a. Kruskal Wallis Test

b. Grouping Variable: professionals

- The next test shows the analysis of the level of involvement in providing the 24 hour postural management within three groups of professionals.

The results of the K-W test shows that the p value is 0.051. As this is more than 0.05, this means that no statistical significant difference exist between the groups. There is also no statistical significant difference between groups

Ranks

	professionals	N	Mean Rank
involvement_in_providing_24_hour_postural_management	Occupational Therapist	35	18.56
	Nurse	3	30.50
	Total	38	

Test Statistics[a,b]

	involvement_in_providing_24_hour_postural_management
Kruskal Wallis H	3.794
df	1
Asymp. Sig.	.051

a. Kruskal Wallis Test

b. Grouping Variable: professionals

- The test shows the analysis of providing an advice or equipment assessing within 24 hour postural management within three groups of professionals.

The results of the K-W test shows that the p value is 0.137. As this is more than 0.05, this means that no statistical significant difference exist between the groups. There is also no statistical significant difference between groups

Ranks

	professionals	N	Mean Rank
provide_advice_or_equipment	Physiotherapist	23	30.76
	Occupational Therapist	37	33.95
	Nurse	3	17.50
	Total	63	

Test Statistics[a,b]	
	provide_advice_or_equipement
Kruskal Waliis H	3.974
df	2
Asymp. Sig.	.137

a. Kruskal Wallis Test

b. Grouping Variable: professionals

Overall, the Kruskal Waliis test shows in each of the analysed features that there is no statisticly significant difference between groups of professionals.

- Correlations :
    a. between knowledge and confidence

Correlations

			knowledge_about_benefits_of_protecting_body_shape	confident_to_assess
Spearman's rho	knowledge_about_benefits_of_protecting_body_shape	Correlation Coefficient	1,000	,667**
		Sig. (2-tailed)	.	,000
		N	63	62
	confident_to_assess	Correlation Coefficient	,667**	1,000
		Sig. (2-tailed)	,000	.
		N	62	62

**. Correlation is significant at the 0.01 level (2-tailed).

There is a strong positive correlation between knowledge about benefits of protecting body shape and confidence to assess clients and it is statistically non-significant.

b. Between confidence and received training

Correlations

			confident_to_assess	received_training
Spearman's rho	confident_to_assess	Correlation Coefficient	1,000	,392**
		Sig. (2-tailed)	.	,002
		N	62	62
	received_training	Correlation Coefficient	,392**	1,000
		Sig. (2-tailed)	,002	.
		N	62	63

**. Correlation is significant at the 0.01 level (2-tailed).

The moderate positive correlation between confidence to assess clients and received training within this area occurs and it is non-significant statistically.

c. Between involvement in providing 24 hour postural management and participants profession

Correlations

			involvement_in_providing_24_hour_postural_management	professionals
Spearman's rho	involvement_in_providing_24_hour_postural_management	Correlation Coefficient	1,000	,087
		Sig. (2-tailed)	.	,515
		N	58	58
	professionals	Correlation Coefficient	,087	1,000
		Sig. (2-tailed)	,515	.
		N	58	63

**. Correlation is significant at the 0.01 level (2-tailed).

There is very weak positive correlation between groups of professionals and an involvement in providing 24 hour postural management and it is statistically significant in this correlation.

d. Between received training and providing an advice equipment relating to 24 hour postural management

Correlations

			received_training	provide_advice_or_equipement
Spearman's rho	received_training	Correlation Coefficient	1,000	,066
		Sig. (2-tailed)	.	,609
		N	63	63
	provide_advice_or_equipement	Correlation Coefficient	,066	1,000
		Sig. (2-tailed)	,609	.
		N	63	63

**. Correlation is significant at the 0.01 level (2-tailed).

The very weak positive correlation between received training within professionals and providing an advice or equipment in relation to the 24 hour postural management is low and it is statistically significant in this correlation.

DISCUSSION AND CONCLUSION

This study examine confidence and competence of AHP's in the City of Edinburgh. Results provided in previous chapter show the level of examined features and determine potential causes of the issues within the 24 hour postural management. In this section I would like to highlight a key results of my research and discuss it. I also will demonstrate limitations of the research occurred in the research as well as make recommendations.

Majority of AHP's who took part in the research, deal with clients' physical disabilities (57.14%). It is essential that they also receive referrals for 24 hour postural management (53.97%). The results of 53.97 % show a wide range of clients who need the 24 hour postural management within the small group of only 63 participants. However, professionals only receive referrals when the need of this service is recognised in healthcare sector/care centres/ families. The question is how many clients with physical disabilities need postural management care and it is not recognised by professionals delivering care. Reasons for the referrals vary, participants recognise multiple needs for clients with postural management issues. The most commonly required assessments of postural care management are seating/ lying/sleep assessments, as well as equipment provision and pressure care. The seating and lying positioning (65.57%) is the most challenging area of the 24 hour posture management. Very often there are identified complex needs for each client hence, requiring a more detailed postural care assessment and management. Unfortunately, there are delays with delivering

necessary postural care and professionals explain it to be due to lack of funding for clients to address the recommended the 24 hour postural management programme.

The survey carried out in this study, examined the level of knowledge about benefits of protecting body shape. Professionals participating in the research score their knowledge for ‘very knowledgeable’ (37.10%) and ‘slightly knowledgeable’ (56.45%). It is quite positive response. Castle at al. (2014) imply that the level of knowledge alone is insufficient because of the lack of awareness. Lack of awareness might cause lack of interest in widen the knowledge within certain topic. It might be caused not only by the one unit, but also by the lack of resources which might help professionals to educate themselves in this field. In my research the answers given are satisfactory, more than 50% of participants feel at least slightly knowledgeable. Yet, for question regarding confidence in addressing the 24 hour posture management the answers are imprecise. The most of answers were scored as ‘slightly’ 46.77%, ‘very’ 19.35% and ‘not very confident’ 25.81%. It is alarming, in comparison to the high percentage of professionals (77.05 %) who provide an advice or equipment in relation to 24 hour postural management. It means that level of knowledge and confidence differ to the percentage of providing the advice or equipment for clients with postural management needs.

The professionals despite a low confidence try to work collaboratively with colleagues and different experts to provide the best service they can. They collaborate with families and carers as well. Only 12.07% of participants claim that they lead posture management themselves. It demonstrates that only a small number of professionals (12.07%) feel confident and knowledgeable enough to lead client’s postural care by themselves. This discrepancy of knowledge and provision of posture management care may suggest that there is a gap in health and social care system. This is especially related to possible education or professional courses. In the practice guide, 2016 is written that to deliver postural management effectively, professionals should cooperate, understand the aims and communicate well between all who are involved, including individuals, families and carers.

The proficiency and judgement of client’s needs is gained by professional experience. Professionals use the best available evidence, knowledge of each individual client and try to perform the best practice (Straus et al. 2010). Gaps indicated within the service highlight education as the key setting in order to work and share more effectively professionals’ knowledge and expertise (Hutton 2008).

Another issue occurring as a result of the current research is that there is very little information about review system that might be caused by lack of time and delays in providing the 24 hour posture management. The results show a range of answers for the review system in workplace. Professionals answered for ‘Yes’ 33.90%, ‘No’ 28.81%, and ‘Unsure’ 37.29%. The highest percentage is the most concerning as professionals are not sure about existence of review system in their workplace. The review system might not be in place caused by delays in providing the 24 hour postural management. As professionals indicate there are delays in delivering the postural management. From the results, 69.23% participants reported that there are delays while 30.77% report no delays. Among reported reasons for the delays are lack of staff, lack of funding, waiting lists for the equipment which has been ordered, availability of equipment in stores. Similarly, Robertson at al. (2016) raises the issue of lack of funding being the one of the main problems in delivering correct postural care. Moreover, Morrison et al (2016) state that the lack of appropriate service in each location might be the main issue. Based on analysis of the results it might be very relevant as the group of examined professionals is based in different localisations and they also admit the lack of funding is one of the issues they face in their job. Polak et al., 2017 and Humphreys and Pountney, 2006 report in their studies that many therapists indicate that they rely on funding from charities to provide the night time postural care

In addition, professionals demonstrate that they do not use any standardised assessment tools. It is quite an unexpected result of the research. This area is worth further analysis in future as in this current study, we did not explore more on this matter. It is concerning because we do not know why professionals do not use any tools. It might be because of lack of resources, awareness or training. The aim of the 24 hour postural care is to lower the level of abnormal muscle tone and in a result improve mobility and function, as well as, decrease the development of contractures. It can be achieved by implementing the use of equipment, which may help promote and provide good postural care over a 24-hour period. The standardised assessment tools might help in addressing appropriate therapy within 24 hour postural care (Gericke et al., 2006).

Only 50% of professionals who took part in the research claims they received a training within 24 hour postural care. Each organisation should have the standard training sessions to improve professionals knowledge and confidence for their self-esteem. It shows how important is existence of guidelines within 24 hour postural management to improve workforce and

effectiveness. Professionals would be aware of their need of training and built their confidence by having direct guidance they can follow.

Most of the guidelines available are from the companies providing an equipment. Companies want to sell their products and try to promote them in the best way. In the same way, there should be guidelines from NHS on postural care which is user-friendly to carers/professionals. Information on websites may not altogether be trustworthy which might confuse people who is looking for support/help.

As the lack of guidelines is the major issue within 24 hour postural care then the more educational factor is necessary for care staff and families. The study by Schmidt (2015a) demonstrate the importance of care support within physical and psychological factors. The carers are the key in implementing the correct interventions suggested by professionals, as well as maintaining and to be watchful for necessary and routine reviews during ongoing postural care when the intervention has been implemented.

The need for the guidelines for professionals prove the number of referrals for the 24 hour postural management. It shows how many of professionals is dealing with the 24 hour postural management. It is almost 54% of the study group. This is a sufficient percentage to support that 24 hour postural care management is an essential area for practise. Carers having a guidelines will be more certain of when to seek professional help and be fast enough to get assessments done. The area within the 24 hour postural management which brings the most concerns relate to seating assessment. The seating assessment is 39.47% of the answers, however there is the same percentage of answers relating to ‘other’ where participants gave the wide range of responses.

In addition, Novak et al. (2013) estimate important point, that 30-40% of healthcare interventions are not guided by evidence The concerning fact is that approximately 20% of interventions provided are ineffectual, unnecessary, or harmful. Lack of the evidence does not mean that no intervention can be provided. The professionals supposed to use their clinical reasoning and apply the person-centred intervention to the client. (Novak et al., 2013) that is why professionals need to be careful with implementing evidenced interventions.

LIMITATIONS

Although this research was carefully prepared, I am still aware of its limitations and shortcomings.

Firstly, due to the time limit, this research was conducted on small sample size (N=63). Moreover, in the research there is no equal number of professionals from each participants' groups. It is difficult to compare the results when one of the sample group is a lot smaller than rest of examined group of participants. Physiotherapists and Occupational therapists number of participants were similar, however Nurses who took part in the research were only three. In future research it is recommended to make sure there is comparable number of participants in each group. Furthermore, the sample size should be wider to be able to generalise the results to a wider population.

Secondly, in the research not all of areas in the Lothians were included in results. The survey was sent to all the Lothians areas, however there was no response from some of it. Therefore, generalisation to all AHP's from Lothians was impossible. In future research it is important to carry the survey on within bigger research localisation area.

Limitations highlighted above had a potential impact on researchers' ability to effectively compare and analyse the research question. The future researcher should make sure the sample size is wider and the collection of data is carried out within the wider location. It will allow researcher to be more reliable and to generalise results to wider group of professionals.

Another limitation which might be acknowledge is that there is a little previous research within the 24 hour postural management. Most of the research which has been carried out is regarding specific disability cases rather than in general within the 24 hour postural care. Lack of the resources within the topic reduced researchers' ability to defend and critique collected data. Further research within this area is needed.

RECOMMENDATIONS

The complexity and diversity of the 24 hour postural management makes me think that professionals need to work cooperatively to achieve the best outcomes of work. To deliver the best service health professionals could Incorporate the expertise of different health practitioners within health sector, such as Physiotherapists, Occupational Therapists, Nurses, Educators/ 24 hour postural management trainers, Psychologists, Social Workers, Orthoptists, Equipment store workers. Schmidt, 2015 in his research explained the role of health and disability services teams in Australia. They have strictly addressed structure of services (see Table 1).

Table 1. Defined health and disability teams

Multidisciplinary	Interdisciplinary	Transdisciplinary	Key Worker Model
The team is made up of the person with disability &/or carers and clinicians, who provide services independently of each other	The team is made up of the person with disability &/or carers and a number of clinicians, who are willing to share support amongst the disciplines	The team is made up of experienced clinicians/ professionals, the person with disability, the family and /or carers. Team members are equal. One team member is chosen by the team to be the primary service provider.	The key worker with support from other team members, works in partnership with parents and other care givers

Multi-disciplinary way of working is positively advocated in the literature (Batavia et al., 2001). The main positive outcome of realising multi-disciplinary teams is that each team has separate role to deal with. The roles according to each specialisation include assessments, intervention process and review, monitoring the outcomes of the prescribed therapy and equipment avability/ delivery. Another idea that may apply to smaller environment/ teams. Similarly to multi-disciplinary teams, is to facilitate inter-disciplinary work arrangements. It should promote the delivery of comprehensive service by experienced professionals (Schmidt, 2015).

The transdisciplinary teams need to be controlled by one member of staff chosen by team, it is necessary to consider professionals' obligatory nature. The key worker model should have an experience in managing and leading a team. Schmidt (2015), highlights that Australia has not accredited standards for the 24 hour postural management. The recommendation is to lead each 24 hour postural management therapy based on Professional scope of practice, policies and procedures and professionals' obligations.

Further recommendations might be in relation to limited and variable access to the 24 hour postural management professionals. Future research is needed to identify effective ways of improving the delivery of care across service boundaries, particularly for patients with limited

options at present (e.g. those with mental health issues, those at the end of life and older patients). Research should address structural and attitudinal barriers and how these might be overcome.

In addition, breadth of decision-making by professionals with advanced skills needs to be explored. There is a need to look at the choice of therapy/ advice process and potential causes of error in this environment (there is no sufficient review system in each organisation).

Furthermore, there is a need to explore public awareness of, knowledge about and expectations of the 24 hour postural management service; for example communication of information about access to and use of services; empowering the public through equipping them with the skills to directly access the services that best meet their needs; and informing the public about the guidance or guidelines on what to do.

Each therapeutic intervention should be undertaken in collaboration between professionals. The guidance is necessary to provide effective and efficiency of service. Practitioners should have an access to all resources which are essential for informed decisions about engaging in timely intervention programs (i.e. who, when, what, where and how). To do so, professionals can use guidelines to transfer their knowledge to encourage and enhance informed communities of practice. People with physical disability who need 24 hour postural management and their careers/ families can manage their difficulties by using clear and direct services when it is needed. Each professional would belong to a partnership focused on 24 hour postural management where they can seek an advice support or share their experience and knowledge. In this way there would be limited waiting time for each individual and everyone would know the guidance within the 24 hour postural management.

CONCLUSION

This research which was undertaken suggests issues occur within 24 hour postural management. Professionals show the level of confidence and competence in providing the sufficient service. Responses demonstrate the complexity of the gap within the 24 hour postural management. Lack of training decrease the level of professionals' confidence and knowledge. Professionals are guided by their work experience rather than clear and understandable educational guidance. Moreover, low funding is the issue. Implementation of professionals recommendations is delayed which might cause further complications with implementing intervention. Very often lack of review system within healthcare institutions is concerning. The review system should exist in every workplace as it is a base of gaining the

feedback if interventions were correctly assessed. As demonstrated in recommendations section there is need for direct professional guidance with full access for practitioner and people who want to seek and advice within the 24 hour postural management. There should be created service team which includes professionals from different areas of health and care sector. They should work cooperatively, as well as exchanging experience and knowledge. Existence of the service team with guidance of work would improve providing service and limit delays with delivering it.

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Appendix 1

Department of Health and Social Care

Research Access Questionnaire

Introduction

The City of Edinburgh Council Health and Social Care Department has a policy of evaluating all requests for

research access made to the department or any associated agency.

This is intended to co-ordinate research proposed, or being carried out, within Health and Social Care services,

and will ensure that:

□ service user / carer interests and confidentiality are safeguarded

□ excessive demands on staff time / resources are avoided

□ research design and methods are robust, and appropriate for a study in a Health and Social Care related environment.

When access is requested in relation to:

□ interviews with service user and/or carers - involving direct face-to-face contact

□ interviews / surveys with service users and or carers - involving telephone contact, postal / email contact

□ scrutiny of service user / carer personal files or other confidential documents

□ interviews / surveys H&SC staff - involving face-to-face contact, telephone contact, postal / email contact.

Researchers must provide:

1. information sheets for potential participants: These should give a brief description of the purpose of the study, and be designed to take account of participant characteristics (e.g. sensory, cognitive or physical impairment)

2. consent forms for potential participants: These should give an account of what the person is being asked to do (e.g. be interviewed, fill in form); provide details of how confidentiality will be safeguarded; let people know that they can withdraw from the study at any time.

This material should be 'customised' to meet different user group requirements so that people signing the forms are giving 'informed consent'. There may be instances where a carer is invited to sign on behalf of a service user

- these situations will be dealt with on a case-by-case basis.

1. a survey forms or interview schedules to be used in study

2. a proforma detailing items sought from confidential files where access to service user documents is requested

3. a report, or executive summary, of study findings. Feedback to the agency and participants on completion of a study is very important. Not only can it supply useful perspectives on service use / delivery, it encourages individuals to remain, or become involved, in the research process.

The Procedure

When your completed application is received, your proposal will be considered by the Research and Information

Team. A recommendation will then be made to the relevant Head of Service in the department. You will be

informed as soon as possible of the decision.

Please return your completed questionnaire and address any queries to:

Research Access Requests

Research and Information Team

Department of Health and Social Care

City of Edinburgh Council

Level 1/7 Waverley Court

4 East Market Street

Edinburgh

EH8 8BG

Tel: (0131) 553-8393

Email: hsc.research@edinburgh.gov.uk

1. Research Details

(a) Name of Researcher:

(b) Designation:

(c) Agency / Educational Establishment:

(d) Address:

Daytime Tel. Nos.:

(e) Which Agency / Individual

is funding your study?

(f) Are you carrying out this research to fulfil a course of study requirement? Yes No

If 'Yes', what is the course of study?

(g) Are you a City of Edinburgh employee? Yes No

2. Clearance

(a) Have you submitted your proposal elsewhere? Yes No

If 'Yes', where?

(b) Has it been accepted? Yes No

(c) Do you intend to submit the proposal elsewhere? Yes No

If 'Yes', where?

3. The Project (Please complete this section about your proposed project.)

(a) Project Title:

(b) Overall Aim of Project:

(c) Background to the study:

(d) What methodology is to be applied?

4. Particular relevance of request to the City of Edinburgh Council:

5. Value to the City of Edinburgh Council:

6. Health and Social Care Involvement

(a) Health and Social Care Staff Involvement

Please state, as specifically as you can:

l the type of Health and Social Care staff

l the numbers of Health and Social Care staff you want to contact

l how much of their time will be needed

l when you need to make contact

l the nature / purpose of the contact.

An example is shown below - please try to provide equivalent information about your proposal.

Health and Social Care Staff Group	Number(s)	Purpose / Nature of Contact	Time	When

Residential Care Staff	**6**	**Informing residents (and relatives where appropriate) about the study and supporting those who wish to take part.**	**2-4 hours**	**Late May**

Health and Social Care Staff Group	**Number(s)**	**Purpose / Nature of Contact**	**Time**	**When**

If staff members have given provisional agreement to taking part in your research, please supply their names in the box below.

(b) Health and Social Care Service User Involvement

Please state, as specifically as you can:

- **the type of Health and Social Care Service User**
- **the numbers of Service Users you want to contact**
- **how much of their time will be needed**
- **when you need to make contact**
- **the nature / purpose of the contact.**

Example 6(b)

Health and Social Care Staff Group	Number(s)	Purpose / Nature of Contact	Time	When
Older People in Residential Care	10	Taking part in face-to-face interviews	One hour per interview	Late June

Health and Social Care Staff Group	Number(s)	Purpose / Nature of Contact	Time	When

(c) Other Group Involvement

Please state, as specifically as you can:

- **the type of other group(s)**
- **the number of other group(s)**
- **how much of their time will be needed**
- **when you need to make contact**
- **the nature / purpose of the contact.**

Example 6(c)

Other group	Number(s)	Purpose / Nature of Contact	Time	When
Relatives of Older People in Residential Care	**10 - 15**	**Taking part in telephone interviews**	**15 minutes per interview**	**Late June**

Other group	Number(s)	Purpose / Nature of Contact	Time	When

7. On what basis have you arrived at

the estimates you have given in 6(a)?

- **Pilot study**
- **Own estimate**
- **Advice**
- **Research elsewhere**

If 'Advice',

from whom?

8. Information sought

(a) What is the nature of the information (and/or records) to which access is sought? (Please explain as fully

as possible.)

From the Social Work Department:

From Research Subjects (if applicable):

(b) How will this information be used?

(c) How will this information be stored (manual files / computer systems etc.) and for how long?

(d) If applicable, please include a copy of your research design / questionnaire to support your proposed research, and tick the box below. (This will normally be necessary before approval can be recommended).

Questionnaire enclosed? Yes No

9. Confidentiality

What assurances can you give relating to the security of confidential information collected relating to service users ,staff or premises?

(a) Within manual records / files etc.?

(b) Within computer systems?

(c) What assurances can you give, that service users, staff or premises would be non-identifiable in any published material?

10. Report

(a) When is your final report due?

(b) Will a copy be sent to this department prior to publication? (To: City of Edinburgh Council, Department of Health and Social Care (address as shown previously)).

Yes No - a summary document can be made available.

If 'No', please give a reason and a date by which a copy of the report will be sent.

Please use this section to add any further information which you feel would assist us in consideration of your request, or enclose supporting information with your completed form.

11. Additional Supporting Information

12. Research Agreement

(a) I confirm that the above details are correct and that I will inform Health and Social Care if there is any

change to the proposal agreed.

(b) I confirm that if there is any disagreement over the interpretation of the results that this will be noted in

any publication.

(c) I agree to comply with all applicable requirements of the Data Protection Act 1998 under the

auspices of Section 33 of the Act.

(d) I also confirm that a copy of the research report will be provided to Health and Social Care prior to

publication (unless other arrangements have been agreed.)

(e) I agree that the following items can be published on the City of Edinburgh intranet (Orb).

- **The Research title**
- **My name**
- **The Research request approval date**
- **Name of Agency / Educational Establishment**
- **An abstract of the completed study (or a full document to be available)**

Researcher's Name:

Researcher's Signature:

Date:

Appendix 2

Survey Questions

Thank you for taking the time to complete this survey. Please use the boxes to provide explanation to your answers. Please click on the 'choose an item' boxes to choose an answer.

1. What is your Profession?

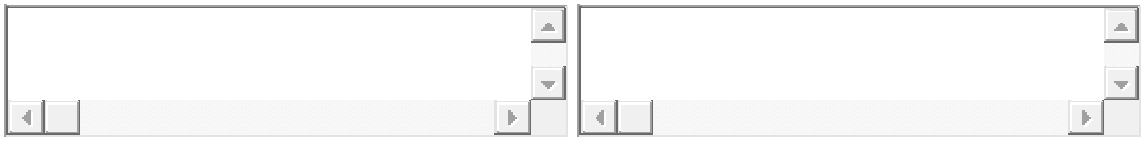
Choose an item.

Other (Please Specify)

2. Please identify the location and organisation where you work.

Choose an item. **Choose an item.**

Other (Please Specify) **Other (Please Specify)**



3. Which client group do you predominantly work with?

Choose an item.

Other (Please Specify)

4. Do you receive referrals for 24 hour postural management?

- **Yes**
- **No**

If *Yes* what is the reason for the referral?

Choose an item.

Other (Please Specify)

5. If you answered Yes to question 4, approximately how often do you receive these referrals.

Choose an item.

Other (Please Specify)

6. How knowledgeable do you feel about the benefits of protecting body shape?

Very knowledgeable	Slightly knowledgeable	Not very knowledgeable	Not at all knowledgeable
☐	☐	☐	☐

7. Do you provide advice / equipment relating to 24 hour postural management?

- **Yes**
- **No**
- **Unsure**

8. Which areas of 24 hour postural management do you think is the most problematic? (you can choose more than 1 answer)

- **Seating**
- **Lying and sleeping**
- **Supported Standing**

Other (please specify)

9. Which clinical signs leads you to address 24 hour posture management?

Choose an item.

other (Please specify)

10. Do you feel confident to assess and address a person's 24 hour postural management needs?

Very confident	Slightly confident	Not very confident	Not at all confident
☐	☐	☐	☐

11. If you have had involvement in providing 24 hour posture management advice or equipment, did you:

- ○ **lead this involvement**
- ○ **collaborate with other professionals**
- ○ **seek expert advice**
- ○ **make a referral**
- ◉ **other (Please specify)**

12. Are family members involved in the process of assessment of 24 hour posture management needs and decision making about possible solutions?

- ○ **Yes, whenever possible**
- ○ **Yes, usually when possible**
- ○ **No, not usually**
- ○ **No, never**

13. Do you have a review system in place for 24 hour postural management intervention?

- **Yes**
- **No**
- **Unsure**

If yes please describe

14. Do you use a standardised assessment tool?

- **Yes**
- **No**

If yes please select from the list.

Choose an item.

Other (Please Specify below)

15. Have you received any training in 24 hour postural management?

- **Yes**
- **No**

If yes please provide details or duration and nature of the course

16. Do you feel you know who you should contact in order to source further support/ advice/ training relating to 24 hour posture management?

Yes

No

If Yes please specify who it would be

17. Do you think there are any delays in accessing 24 hour postural care services?

Yes

No

If Yes please explain

18. Do you think the education/training of family and carers of patients with 24 hour postural care needs is adequate?

Yes

No

Please explain why

Appendix 3

Email which will be send to the Allied Health Professionals.

Dear All,

In order to review and enhance the provision of posture management services in Lothian we are collaborating with Queen Margaret University and have developed a survey which aims to evaluate awareness and confidence of Allied Health Professionals in relation to delivery of 24-hour posture management. The results of the study might have a significant impact on service development within this area. This project has been reviewed by Edinburgh Council.

We would be very grateful for your help with this research by completing a short survey which you can find at the link below:

[insert the survey link]

All responses will be anonymous We would appreciate a response by 23.02.18. Thank you in advance for your valuable time,

Best regards,

Posture Management Research Team –

Norma Findlay (NE Locality OT)

Cathy Bulley (QMU Reader in Physiotherapy)

Aleksandra Zielinska (QMU MSc Physiotherapy student)

James Egan (QMU MSc Physiotherapy student)

Appendix 4

25/11/2017

Participant Information Sheet

Surveying perceived confidence and competence of Allied Health Professionals in the Edinburgh City area (in relation to provision of 24 hour posture management

You are being invited to take part in a research study. Before you decide whether or not to take part, it is important for you to understand why the research is being done and what it will involve. Please take time to read the following information carefully. Talk to others about the study if you wish. Contact us if there is anything that is not clear or if you would like more information. Take time to decide whether or not you wish to take part.

What is the purpose of the study?

The purpose of this study is to survey the perceived confidence and capability as well as learning needs of Allied Health Professionals in relation to delivery of 24-hour Posture Management. This information will inform the development of service delivery.

Why have I been asked to take part?

You have been asked to take part in this survey as you are an Allied Health Professional working in the Edinburgh City area.

Do I have to take part?

No, it is up to you to decide whether or not to take part. If you do decide to take part you will be given this information sheet to keep. Consent to take part in this survey will be implied by your participation in the survey by completing it online.

If you decide to take part you are still free to withdraw your submission at any time and without giving a reason, by contacting the researcher at the address below.

What will happen if I take part?

Completing the survey will take approximately 20 minutes. Data collected will then be stored electronically in an anonymised fashion, in a password protected server space.

What are the possible benefits of taking part?

Participating in this survey will add to a body of evidence being gathered since 2009 by the Lothian Posture Management Steering Group. Data will help the group to establish the degree of awareness and need for specialist guidance and training of those in the Edinburgh City area. It may also be used as evidence of the need for further resources in tackling postural management issues. This may also inform service delivery beyond the Edinburgh City area.

What are the possible disadvantages and risks of taking part?

It is not thought that there are many disadvantages to taking part beside the time taken to do so. It is worth noting however that very little is known about the postural management needs of service users in Lothian, and adding to this knowledge base could be worthwhile.

What happens when the study is finished?

Findings from the study will aim to better inform the service provided to those with postural management needs.

Will my taking part in the study be kept confidential?

All the information we collect during the course of the research will be kept confidential and there are strict laws which safeguard your privacy at every stage. The online survey submission process is anonymous .

What will happen to the results of the study?

The results of the study will summarised in poster or research article. We aim present the work both locally in NHS Lothian and nationally.

Who is organising the research and why?

The survey has been formulated by *Aleksandra Zielinska* (MSc Advancing Physiotherapy Practice) and *James Egan* (MSc Physiotherapy) as part of their final year dissertations, with supervision from Dr Cathy Bulley (Reader, Physiotherapy, Queen Margaret University) and Ms Norma Findlay (Occupational Therapy, NE Locality).

Who has reviewed the study?

The study proposal has been reviewed by the QMU Divisional Ethics Committee and by the City of Edinburgh Council, as well as by the AHP Locality Lead for registration with the Quality Improvement Team.

If you have any further questions about the study please contact Aleksandra Zielinska or James Egan:

email:*16001713@qmu.ac.uk 16006464@qmu.ac.uk*

If you would like to discuss this study with someone independent of the study please contact:

Dr Kavi Jagadamma kjagadamma@qmu.ac.uk

If you wish to make a complaint about the study please contact NHS Lothian:

NHS Lothian Complaints Team

2nd Floor Waverley Gate

2-4 Waterloo Place

Edinburgh

EH1 3EG

Tel: 0131 465 5708

Thank you for taking the time reading this information sheet.

Appendix 5

Queen Margaret University
EDINBURGH

For Office Use Only

Ref. Number	
Assigned Reviewers	
Outcome	☐ Granted ☐ Amendments ☐ Rejected

APPLICATION FOR ETHICAL APPROVAL FOR A RESEARCH PROJECT

This is an application form for ethical approval to undertake a piece of research. Ethical approval must be gained for any piece of research to be undertaken by any student or member of staff of QMU. Approval must also be gained by any external researcher who wishes to use Queen Margaret students or staff as participants in their research.

Please note, before any requests for volunteers can be distributed, through the moderator service, or externally, this form MUST be submitted (completed, with signatures) to the Secretary to the Research Ethics Panel (ResearchEthics@qmu.ac.uk).

You should read QMU's chapter on "Research Ethics: Regulations, Procedures, and Guidelines" before completing the form. This is available at:
http://www.qmu.ac.uk/quality/rs/default.htm

The person who completes this form (the applicant) will normally be the Principal Investigator (in the case of staff research) or the student (in the case of student research). In other cases of collaborative research, e.g. an undergraduate group project, one member should be given responsibility for applying for ethical approval. For class exercises involving research, the module coordinator should complete the application and secure approval.

The completed form **should be typed** rather than handwritten. **Electronic signatures** should be used and the form should be **submitted electronically**.

Checklist: Documents enclosed with application:
Please note that any application with missing relevant documentation will be returned to the applicant.

Enclosed (please tick)	Not applicable (please tick)	Document name
☑	☐	**Research protocol or proposal**
☑	☐	**Participant Information Sheet(s) (PIS)**
☐	☑	**Participant consent form(s)**
☑	☐	**Copies of recruitment advertisement material**
☑	☐	**Sample questionnaires (please detail below)**
		Questionnaire is stated as an appendix 1
☐	☑	**Interview schedules or topic guides**
☐	☑	**Letter(s) of support from any external organisations involved in the research**
☐	☑	**If interacting with potentially vulnerable groups, please provide the following information for checks by authorised personnel:** **PVG[1] Membership No:** **Disclosure Number (unique to each certificate):** **Date of issue:**
☑	☐	**Risk assessment documentation**
☑	☐	**Any other documentation (please detail below)**
		Information email which is sent to all participants
		Survey questions

[1] Protecting Vulnerable Groups – This membership scheme was introduced by the Scottish Government to improve disclosure arrangements for people who work with vulnerable groups. When you provide us with the certificate identification number for your PVG status, only authorised countersignatories for this scheme within the university will have access to your PVG records. The Research Ethics Panel and assigned reviewers will not have access or knowledge of your PVG records. Please be aware that if you are barred from working with the research population in your research application, and the PVG countersignatories have been made aware of your application, processes for Fitness to Practice will be triggered within the university.

Section A: Applicant details

A1. Researcher's name: Aleksandra Zielinska
Post: Queen Margaret University, Edinburgh EH21 6UU
Qualifications: Masters of Advancing Physiotherapy
Contact email: 16001713@qmu.ac.uk

A1. Category of researcher (please tick and enter title of programme of study as appropriate):

☐	QMU undergraduate student Title of programme:
☐	QMU postgraduate student – taught degree Title of programme:
☑	QMU postgraduate student – research degree
☐	QMU staff member – research degree
☐	QMU staff member – other research
☐	Other (please specify) Details:

A2. School: Queen Margaret University

A3. Division: Physiotherapy

A4. Subject area: Physiotherapy

A5. Name of Supervisor or Director of Studies (if applicable): Dr Cathy Bulley PhD, BSc (Hons), MCSP; Senior Lecturer – Physiotherapy, Queen Margaret University, Edinburgh EH21 6UU

A6. Names and affiliations of all other researchers who will be working on the project:

First name	*Last name*	*Position*	*Affiliation*	*Role on project*
Aleksandra	Zielinska	student		researcher
James	Egan	student		Cooperative researcher
Norma	Findlay	Occupational Therapist		Cooperative researcher

Section B: Research details

B1. Title of study: The Allied Health Professional awareness and their confidence relating in provision of 24 hour posture management for people with severe physical disabilities.

B2. Expected start date: January 2018

B3. Expected end date: 20th May 2018

B4. Protocol or proposal version:
(please follow naming format– *24hourposturemanagement_20171206_finaldocument_16001713*)

B5. Protocol date 6/12/17

B6. Details of any grants/funding/financial support for the project from within/outside QMU:

Not applicable

B7. Do you plan at any stage of the project to undertake research involving adults lacking capacity to consent for themselves?

☐ Yes ☑ No

Answer Yes if you plan to recruit living participants aged 16 or over who lack capacity, or to retain them in the study following loss of capacity. If you answered yes, please refer to the online training module by University of Leicester and University of Bristol on 'Adults lacking capacity to consent for research' for further information: https://connect.le.ac.uk/alctoolkit/
Your research may require approval by an authorised Research Ethics Committee (e.g. NHS Research Ethics Committee).If in doubt, please contact QMU Research Ethics Panel for further advice (ResearchEthics@qmu.ac.uk).

B8. Do you plan to include any participants who are children?

☐ Yes ☑ No

Answer Yes if you plan to recruit participants aged under 16. Please also ensure that question F6 is answered.

B9. Do you plan at any stage of the project to work with human tissue samples (or other human biological samples) and data?

☐ Yes ☑ No

If you answered Yes to question B9, please also ensure that Section G is completed. To obtain a copy of Section G, please email ResearchEthics@qmu.ac.uk.

Section C: Overview of the research

C1. Summary of the study.
Please provide a brief summary of the research (maximum 300 words) ***using language easily understood by lay reviewers and members of the public.*** *Please note that this summary may be published in the public domain.*

Background

Participants: Allied Health Professionals working with people with various advanced physical disabilities.

In the all four health and social care localities of the Edinburgh City area 50-100 members of staff will take part in research. Allied Health Professionals views will be collected to investigate the level of awareness and confidence of providing 24 hours postural management. In addition to explore perceptions of the importance of the 24 hour Posture Management training which might potentially be useful to service.

Design: Cross-sectional survey design.

Procedure: The survey will be send out to Allied Health Professions (AHP) managers by email using Survey Monkey link. The email sent out by AHP managers in all four health and social care localities of the Edinburgh City area (appropriate ethical and management permissions obtained).

Analysis: Descriptive analysis will be carried on by using the Excel, The responses will be compare within created professional groups. The responses will be divided in criteria/ themes accordingly. The data protection and confidentiality are carefully addressed in the study design, procedures, publication.

Aim: The aim of the study is to investigate the level of awareness and confidence of delivering the 24 hour Posture Management across the Lothians.

The main issue will be gaining the access to data, all necessary approvals and the Research Access Questionnaire were submitted. Data protection will be another issue which will be minimalised by running an anonymous, electronical surveys via Survey Monkey software. There is minimal risk of loosing or spreading the data to unauthorised people because of minimalizing the storage places.There is a risk of non-response as well, however this will be minimised by the distribution of the survey by a member of the research team who works in the relevant service.

C2. Summary of main issues. *Please summarise the main ethical, legal, or management issues arising from your study and say how you have addressed them. Not all studies will raise significant issues. Some studies may have straightforward ethical or other issues that can be identified and managed routinely. Others may present significant issues requiring further consideration by other review bodies (as appropriate to the issue).Studies that present a minimal risk to participants may raise complex organisational or legal issues. You should try to consider all the types of issues that the different reviewers may need to consider.*

C3. What is the principal research question/objective/aim?

Please put this in language comprehensible to a lay person.

The aim of the study is to investigate the perceived confidence and competency of Allied Health Professionals in the Edinburgh City area (four localities: North-East, North-West, South-East, South-West) in relation to provision of 24 hour posture management. The research will aim for evidence of the level of awareness and confidence within the health care professionals who carry out the 24 hour postural management and potential needs regarding the professionals training sessions/ courses/ access to sources.

C4. What are the secondary research questions/objectives/aims if applicable?
Please put this in language comprehensible to a lay person.

Not applicable

C5. What is the academic/scientific justification for the research?
Please put this in language comprehensible to a lay person.

The research is being undertaken to indicate the level of awareness and confidence of Allied Health Professionals who are delivering 24 hour posture management and if this service is sufficient in terms of clients' needs. The survey questions was created to investigate the capability and confidence of health care professionals and will be analysed by dividing the survey questions in terms of themes and criteria of responses, as well as by profession of participants. The importance of this study increase by very little research in the 24 hour postural management topic as well as there is no other research exactly about an awareness and confidence within the health care professionals on this topic.

Section D: Design and Methodology

D1. Research procedures to be used: *please tick all that apply*.

Tick if applicable	
☑	Questionnaires (*please attach copies of all questionnaires to be used*)
☐	Interviews (*please attach summary of topics or interview schedule to be explored*)
☐	Focus groups (*please attach summary of topics or interview schedule to be explored / copies of materials to be used*)
☐	Experimental / Laboratory techniques (*please include full details under question D2*)
☑	Use of email / internet as a means of data collection (*please include full details under question D2*)
☐	Use of materials that are subject to copyright (*please include full details under question D2 and confirm that the materials have been / will be purchased for your use*)
☐	Use of biomedical procedures to obtain human tissues (or other biological materials) (*please include full details under question D2 and Section G. Also include subject area risk assessment forms, where appropriate)*
☐	Other technique / procedure (*please include full details under question D2*)

D2. Please summarise your design and methodology.

It should be clear exactly what will happen to the research participant for research involving human participants. Please complete this section in language comprehensible to the lay person. Do not simply reproduce or refer to the protocol.

Design: Cross-sectional survey design.

Procedure: The survey will be send out to Allied Health Professions (AHP) managers by email using Survey Monkey link. The email sent out by AHP managers in all four health and social care localities of the Edinburgh City area (appropriate ethical and management permissions obtained). The emails will be sent to all Allied Health Professionals who can self-selected themselves to the research. The survey will be sent out after gaining the QMU Ethics approval and the Quality Improvement Team. The surveys will be anonymous. One reminder email may be sent if there is insufficient response. After this, non-response will be taken as non-consent and no further emails will be sent.

Analysis: Descriptive analysis will be carried on by using the Excel, The responses will be compare within created professional groups. The responses will be divided in criteria/ themes accordingly. The data protection and confidentiality are carefully addressed in the study design, procedures, publication.

Aim: The aim of the study is to investigate the level of awareness and confidence of delivering the 24 hour Posture Management across the Lothians.

D3. Does your research include the use of people as participants?

☑ Yes ☐ No

Answer No *if your project involves secondary analysis of collected data.*
If you answered Yes to question D3*, please ensure that Section F is completed.*

D4. Does your research include the experimental use of live animals?

☐ Yes ☑ No

If you answered Yes to question D4*, please note that the university is not insured to experiment on live animals. Please attach the insurance coverage certificate to this application for review. Please check and ensure that appropriate university insurance is in place to cover the work. If in doubt, please contact Karen Sinclair (Head of Finance, ksinclair@qmu.ac.uk) on insurance coverage.*

D5. Does your research involve experimenting on plant or animal matter, or inorganic matter?

☐ Yes ☑ No

If you answered Yes to question D5*, please check and ensure that appropriate university insurance is in place to cover the work. If in doubt, please contact Karen Sinclair (Head of Finance, ksinclair@qmu.ac.uk) on insurance coverage. Please attach the insurance coverage certificate to this application for review.*

D6. Does your research include the analysis of documents, or of material in non-print media, other than those which are freely available for public access?

☐ Yes ☑ No

If you answered 'Yes' to Question D6, give a description of the material you intend to use. *Describe its ownership, your rights of access to it, the permissions required to access it and any ways in which personal identities might be revealed or personal information might be disclosed. Describe any measures you will take to safeguard the anonymity of sources, where this is relevant:*

This text box will expand as required.

D7. Will any restriction be placed on the publication of results?

☐ Yes ☑ No

If you answered 'Yes' to question D7, give details and provide a reasoned justification for the restrictions. (See Research Ethics Guidelines Section 2, paragraph 7)

This text box will expand as required.

D8. Who will have access to participants' personal data during the study?
Where access is by individuals outside the research team or direct care team (health research), please justify and say whether consent will be sought.

Online survey completion is anonymous so none of the researchers will have access to participants' personal data. Responses are sent straight to the professional email address of Norma Findlay automatically.

D9. How long will personal or personally identifiable data be stored or accessed after the study has ended?
Please note this question only relates to retention of personal or personally identifiable data.

☐ Less than 3 months
☐ 3 – 6 months
☐ 6 - 12 months
☐ 12 months – 3 years
☐ Over 3 years

->Please see section D8.

*It is recommended that data containing personal details that would lead to the identification of participants should be destroyed **as soon as possible**. Examples of personally identifiable data include participants' email addresses, NHS/CHI numbers, expressions of interest etc., BUT NOT consent forms. Personally identifiable data should be stored separate from the anonymised data to prevent linkage. If potential participants have provided you with their contact details, this information should only be retained until they have consented or refused to participate in the research. However, if a participant noted that they would like to receive a summary of the research, it would be appropriate to retain their contact details until this summary has been sent out.*
See the following for advice on data handling:
http://www.lancaster.ac.uk/shm/study/doctoral_study/dclinpsy/onlinehandbook/ethics_and_data_storage_advice/

D10. For how long will you store research data generated by the study? *State if the data will be stored for an infinite time period.*

The survey data will be stored for five years after the end of the study by the Supervisor in a password-protected servers space

D11. Please give details of the *short term (duration of project)* and *long term (after project completion)* arrangements for storage of research data after the study has ended. (See Research Ethics Guidelines has Section 1, paragraph 2.4.1)

Short term storage of research data on any of the following:

- ☐ Manual files (includes paper or film)
- ☐ Home or other personal computers
- ☑ University computers/server
- ☐ Laptop computers
- ☐ Hard drive storage
- ☐ USB storage devices

Other portable storage (e.g. CDs, DVDs etc.)

- ☐ Cloud/online storage (please provide name and server location of cloud storage below)
- ☐ Others (please state):

Say where data will be stored, who will have access and the arrangements to ensure security (for example, encryption used). Explain how and when data will be destroyed (if applicable).

The responses will be sent automatically to the professional email address of Norma Findlay from where will be sent to the QMU computers, which are password protected. The survey data will be stored for five years after the end of the study by the Supervisor in a password-protected servers space

Long term storage of research data on any of the following:

- ☐ Manual files (includes paper or film)
- ☐ Home or other personal computers
- ☑ University computers/server
- ☐ Laptop computers
- ☐ Hard drive storage
- ☐ USB storage devices
- ☐ Other portable storage (e.g. CDs, DVDs etc.)
- ☐ Cloud/online storage (please provide name and server location of cloud storage below)
- ☐ eData – QMU open access data repository
- ☐ Others (please state):

Say where data will be stored, who will have access and the arrangements to ensure security (for example, encryption used). Explain how and when data will be destroyed (if applicable).

The responses will be sent automatically to the professional email address of Norma Findlay from where will be sent to the QMU computers, which are password protected. The survey data will be stored for five years after the end of the study by the Supervisor in a password-protected servers space. The data will be deleted from the software after five years period of time.

D12. Will the data be stored:

- ☑ In fully anonymased form? (link to participant broken)

- ☐ In linked anonymased form? *(linked to data but participant not identifiable to researchers)*

If Yes, say who will have access to the code and personal information about the participant:

Not applicable

☐ In a form in which the participant could be identifiable to researchers?
If Yes, please justify.

Not applicable

D13. Who will have control of and act as the custodian for the data generated by the study?

The cooperative researcher Norma Findlay- The Occupational Therapist (Edinburgh Council NE Locality).

D14. Will the research participants receive any payments, reimbursements of expenses or any other benefits or incentives for taking part in this research?
☐ Yes ☑ No

If Yes, please give details.

This text box will expand as required.

D15. Will individual researchers receive any personal payment over and above normal salary, or any other benefits or incentives, for taking part in this research?
This question is concerned with "in pocket" financial payments or additional benefits to be provided direct to researchers personally, over and above the costs of conducting the research.
☐ Yes ☑ No

If Yes, please give details.

This text box will expand as required.

Section E: Risks and benefits

E1. Give details of all procedure(s) or intervention(s) that will be received by participants as part of the research protocol?
These include seeking consent, interviews, observations and use of questionnaires.

Please complete the columns for each procedure/intervention as follows:

1. Total number of procedures/interventions to be received by each participant as part of protocol.
2. Average time taken per procedure/intervention (minutes, hours or days)
3. Details of who will conduct the procedure/intervention, and where will it take place.

Procedure or intervention	*1*	*2*	*3*
Read the information sheet	1	5min	The participant
Fill in the survey	1	20min	The participant

E2. How long do you expect each participant to be in the study in total?

Duration of participation should be calculated from when participants give informed consent until their last contact with the research team.

25min

E3. What are the potential risks and burdens for research participants and how will you minimise them?
For all studies, describe any potential adverse effects, pain, discomfort, distress, intrusion, inconvenience or changes to lifestyle. Only describe risks or burdens that could occur as a result of participation in the research. Say what steps would be taken to minimise risks and burdens as far as possible.
Where the research only involves the use of data, consideration should still be given to the risks for participants associated with any breach of confidence or failure to maintain data security.

To minimise the risks and burdens as far as possible the surveys questions were design as simple and straight forward as possible and carefully considerate of the number of survey questions and ease of response.

E4. Will interviews/ questionnaires or group discussions include topics that might be sensitive, embarrassing or upsetting, or is it possible that criminal or other disclosures requiring action could occur during the study?
☐ Yes ☑ No ☐ Not applicable

If Yes, please give details of procedures in place to deal with these issues:

This text box will expand as required.

E5. What is the potential for benefit to research participants?
You should state here any potential benefits to be gained by the research participant through taking part in the research either now or in future. However, do not over-emphasise the benefits. In some cases there may be no apparent benefit.

Expanding the knowledge in the research topic as well as present the data which might be used in the service development. The survey questions were designed to demonstrate the potential gap in the service, awareness and confidence of professionals in delivering the 24 hour postural management. In addition, there is no research which investigate these features and potential needs such as training sessions/ courses/ access to sources about this topic.

E6. Will the researcher be at risk of sustaining either physical or psychological harm as a result of the research? *Please delete as appropriate.*
☐ Yes ☑ No

If you answered 'Yes' to the question E6, please give details of potential risks and the precautions which will be taken to protect the researcher.

This text box will expand as required.

Section F: Research Involving Human Participants
You should only complete this section if you have indicated above that your research will involve human participants.

F1. Please indicate the total number of participants you intend to recruit for this study from each participant group:

Participant Group	Please state total number
QMU students	0
QMU staff	0
Members of the public from outside QMU	
NHS patients	0
NHS employees	30-100 NHS / Council AHPs
Children (under 16 years of age)	0
People in custody	0
People with communication or learning difficulties	0
People with mental health issues	0
People engaged in illegal activities (eg. illegal drug use)	0
Other (please specify):	0

** Please declare in Question F8 where the participant group may necessitate the need for standard or enhanced disclosure check*

F2. How was this participant number decided upon? *If a formal sample size calculation was used, indicate how this was done, giving sufficient information to justify and reproduce the calculation. If another method of determining participant numbers was used, please provide sufficient details for the method and justify the decision.*

The research is carried out within wide range of participants from different localities and working with different client groups. The number of participants is stated between 50-100 as then researchers will have significant number of data to analyse and potentially make recommendations for future service development. Participants will be self-selected to the study which might reduce number of participants however this issue was minimised by sending out the survey by Norma Findlay (Occupational Therapist) as she is the member of research team and participating in the professional group.

F3. Please state the inclusion and exclusion criteria to be used. (See Research Ethics Guidelines Section 1, paragraph 2.4)

F4. Will you

Inclusion criteria

- Participants should work as Allied Health Professional
- All participants above 18 years old
- Participants self-selected

Exclusion criteria:

- Non

obtain informed consent from or on behalf of research participants?

☑ Yes ☐ No

F5. Please give details of who will take consent and how it will be done, with details of any steps to provide information (a written information sheet, videos, or interactive material). *If you plan to*

include any participants who are children, please describe the arrangements for seeking informed consent from person with responsibility and/or from children able to give consent for themselves.

The survey to be sent by on researcher with attached information sheet and explanation of action, in addition with link to the survey included in the text of an email. One reminder email may be sent if there is insufficient response. After this, non-response will be taken as non-consent and no further emails will be sent.

If you are not obtaining consent, please explain why not.

Not applicable

F6. (Children) If you intend to provide children under 16 with information about the research and seek their consent or agreement/assent, please outline how this process will vary according to their age and level of understanding. *Copies of written information sheet(s) for parents and children, consent/assent form(s) and any other explanatory material should be enclosed with the application. For further information on providing information and obtaining consent/assent from children, please refer to this online information for best practice:* *http://www.hra-decisiontools.org.uk/consent/principles-children.html*

Not applicable

F7. Will the research involve participant deception?

☐ Yes ☑ No

If you answered Yes to Question F7, please justify the use of deception. Also describe what procedures will be implemented to safeguard the dignity, safety and welfare of the participants during the research and after it has ended.

Not applicable

F8. Ethical principles incorporated into the study (*please tick as applicable*):

Ethical principles
Will participants be offered a written explanation of the research? ☑ Yes ☐ No ☐ Not applicable
Will participants be offered an oral explanation of the research? ☑ Yes ☐ No ☐ Not applicable
Will participants sign a consent form? ☐ Yes ☑ No ☐ Not applicable
Will oral consent be obtained form participants? ☐ Yes ☑ No ☐ Not applicable
Will participants be offered the opportunity to decline to take part? ☑ Yes ☐ No ☐ Not applicable
Will participants be informed that participation is voluntary? ☑ Yes ☐ No ☐ Not applicable

Will participants be offered the opportunity to withdraw at any stage without giving a reason? ☑ Yes ☐ No ☐ Not applicable
Will independent expert advice be available if required? ☑ Yes ☐ No ☐ Not applicable
Will participants be informed that there may be no benefit to them in taking part? ☑ Yes ☐ No ☐ Not applicable
Will participants be guaranteed confidentiality? ☑ Yes ☐ No ☐ Not applicable
Will participants be guaranteed anonymity? ☑ Yes ☐ No ☐ Not applicable
Will the participant group necessitate a standard or enhanced disclosure check of the researcher? ☐ Yes ☑ No ☐ Not applicable
Will the provisions of the Data Protection Act be met? ☑ Yes ☐ No ☐ Not applicable
Has safe data storage been secured? ☑ Yes ☐ No ☐ Not applicable
Will the researcher(s) be free to publish the findings the research? ☑ Yes ☐ No ☐ Not applicable
If the research involves deception, will procedures be in place during and after the research to safeguard the dignity, safety and welfare of the participants? ☐ Yes ☐ No ☑ Not applicable
If the research involves questionnaires, will the participants be informed that they may omit items they do not wish to answer? ☑ Yes ☐ No ☐ Not applicable
If the research involves interviews, will the participants be informed that they do not have to answer questions, and do not have to give an explanation for this? ☐ Yes ☐ No ☑ Not applicable
Will participants be offered any payment or reward, beyond reimbursement of out-of-pocket expenses? ☐ Yes ☑ No ☐ Not applicable

Section G is a reserved section of the form for applications involving Human Tissues. Please email ResearchEthics@qmu.ac.uk if you require a copy of Section G.

Section H: Risk Assessment

Queen Margaret University
EDINBURGH

Reference:	

School / Division:	QMU	**Location:**	Edinburgh	**Date:**	5/12/17
Assessed by:	Aleksandra Zielinska	**Job Title:**	MSc Physiotherapy	**Signature**	
Activity / Task:		**Total Number exposed to risk**		**Review Date**	

Ref no.	**Hazards**	**People at risk**		**Likelihood**	**Severity**											**Total risk**	**Existing control measures**	**Adequate control?**
		Employees and students	**Members of public/visitors**	**Contractors**	**Young people**	**Mothers: new or expectant**	**Improbable**	**Remote**	**Possible**	**Probable**	**No injury**	**Minor**	**Major**	**Fatal**				
1.	**Data protection**	✓						✓								1	An electronical survey/ anonymous survey	
2.	**Misunderstanding of question**	✓						✓								1	Easy to understand questions design	
3.	**Long survey to complete**	✓						✓								2	It's been reduced and design to be quick in response	
4.																		
						Risk value (RV)	**1**	**2**	**3**	**4**	**1**	**2**	**3**	**4**		**4**		

Total risk = Likelihood (RV) x Severity (RV) *Total risk of 1 – 4 = 'L', low risk* *Total risk of 6 – 9 = 'M', medium risk* *Total risk of 12 – 16 = 'H', high risk*

Queen Margaret University
EDINBURGH

Reference:	

Remedial action required

Ref no.	Action required	Target date	Action by:	Date completed
1.	Not applicable			
2.				
3.				
4.				

Section I: Declarations by applicant

I1. Having completed all the relevant items of this form and, if appropriate, having attached the Information Sheet and Consent Form plus any other relevant documentation as indicated below, complete the statement below.

- I have read Queen Margaret University's document on "Research Ethics: Regulations, Procedures, and Guidelines".
- The information in this form is accurate to the best of my knowledge and belief and I take full responsibility for it.

- *In my view* this research is:

Please tick	*See Research Ethics Guidelines Section 6*
☑	Non-invasive
☐	Minor invasive using an established procedure at QMU
☐	Minor invasive using a NEW procedure at QMU
☐	Major invasive

- I understand that research records/data may be subject to inspection by review bodies for audit purposes if required.

I2. Access to application for training purposes (please tick as appropriate):
☐ I would be content for members of Research Ethics Committees to have access to the information in the application in confidence for training purposes. All personal identifiers and references to sponsors, funders and research units would be removed.

Name *(if you have an electronic signature please include it here)*

Zielinska

_____ _____Date 06/12/2017_____

If you are a student, show the completed form to your supervisor/Director of Studies and ask them to sign the statement below. If you are a member of staff, sign the statement below yourself.

- I am the supervisor/Director of Studies for this research.
- *In my view* this research is:

Please tick	*See Research Ethics Guidelines Section 6*
☑	*Non-invasive*
☐	*Minor invasive using an established procedure at QMU*
☐	*Minor invasive using a NEW procedure at QMU*
☐	*Major invasive*

- I have read this application and I approve it.

Name *(if you have an electronic signature please include it here)*

__ _____

Date _____010/12/2017____

I3. For all applicants, send the completed form to your Head of Division or Head of Research Centre or, if you are an external researcher, submit the completed form to the Secretary to the QMU Research Ethics Panel (ResearchEthics@qmu.ac.uk). **You should not proceed with any aspect of your research which involves the use of participants, or the use of data which is not in the public domain, until you have been granted Ethical Approval.**

For completion by
The Head of Division/Subject Area/Group, OR
Division/Subject Area/Group Research Ethics Committee:

Either

☐ I refer this application back to the applicant for the following reason(s):

Name *(if you have an electronic signature please include it here)*

_____ (Head of Division/ Subject Area/ Group)

Date _____

Please return the form to the applicant.

Or

Please tick **one** of the alternatives below:

☐ I refer this application to the QMU Research Ethics Panel.

☐ I find this application acceptable and an application for Ethical Approval should now be submitted to a relevant external committee.

☐ I grant Ethical Approval for this research.

Name *(if you have an electronic signature please include it here)*

_____ (Head of Division/ Subject Area/ Group)

Date _____

Please email one copy of this form to the applicant and one copy to the Secretary to the Research Ethics Panel (ResearchEthics@qmu.ac.uk).

Date application returned: _____

Appendix 6

Queen Margaret University

EDINBURGH

Physiotherapy Subject Area

Agreement for Authorship

This form should be signed by the student and supervisor and submitted with the project proposal. Students are advised to photocopy and retain a copy of this agreement.

Students may have opportunity to submit a manuscript for publication which will contribute to the physiotherapy body of knowledge. The agreement between students and supervisors regarding authorship on any publication or oral presentation resulting from the Honours Project carried out in partial fulfilment of the MSc Physiotherapy will normally be based on the following definition:

Authorship

> *All persons designated as authors should qualify for authorship. The order of authorship should be a joint decision of the co-authors. Each author should have participated sufficiently in the work to take responsibility for the content.*
>
> *Authorship credit should be based only on substantial contributions to (a) conception and design, or analysis and interpretation of data; and to (b) drafting the article or revising it critically for important intellectual content; and on (c) final approval of the version to be published. Conditions (a), (b) and (c) must all be met. Participation solely in the acquisition of funding or the collection of data does not justify authorship. General supervision of the research group is also not sufficient for authorship. Any part of an article critical to its main conclusions must be the responsibility of at least one author.*
>
> International Committee of Medical Journal Editors, 1991, New England Journal of Medicine, 324: 424-428.

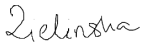
Note: to qualify for authorship all authors must approve the final version of the publication. There is a need therefore for all authors to remain in contact until the final version has been accepted for publication.

Acknowledgement

There is also an ethical obligation to recognise and identify the work of others where it has contributed to the work being reported in a publication. At an appropriate place in the publication, one or more statements should specify (a) contributions that need acknowledging but do not justify authorship; (b) acknowledgement of technical help; (c) acknowledgement of financial or material support, specifying the nature of the support; (d) financial [or other] relationships that may pose a conflict of interest.

Student number: 16001713

We the undersigned agree to the terms, as detailed above, related to authorship and acknowledgement.



Student _____

Supervisor _____ ___

Date ___**12/12/17**

This agreement does not supersede the Queen Margaret University, Edinburgh policies and procedures related to Intellectual Property as detailed in the Academic Handbook.

Appendix 7

DIVISION OF DIETETICS, NUTRITION, BIOLOGICAL SCIENCES, PHYSIOTHERAPY, PODIATRY and RADIOGRAPHY

RESEARCH PROJECT RELEASE FORM

This form is designed to notify each student of the DivREC response to individual Dissertation Proposals. A copy of the form will also be retained by the Committee to record each decision and to monitor resource requirements.
Students Please complete a – e below and sections i-v overleaf

a. **PROJECT TITLE: Surveying perceived confidence and competence of Allied Health Professionals in the Edinburgh City area (in relation to provision of 24 hour posture management).**

b. **STUDENT(S): ALEKSANDRA ZIELINSKA 16001713**
Please include matric numbers)

c. **SUPERVISOR: dr CATHY BULLEY PhD**

d. **SITE FOR DATA COLLECTION all health and social care localities in Edinburgh City area.**
(if not QMU state where)

e. **APPROXIMATE DATES FOR DATA COLLECTION _____February- March __**

All students should refer to Committee Response below and Comments overleaf

COMMITTEE RESPONSE

Decision	**✓ / X**	**Date**
1. Project proposal and Ethical approval granted		
2. Proceed with minor modifications to the project proposal (*as noted in response overleaf*)		
3. Resubmit revised proposal by *(insert date……)*		
4. Resubmit revised ethics by *(insert date ……)*		
5. Submit for further ethics scrutiny (QMU / external)		
6. Project documentation incomplete		

Please note – you can not proceed to dissertation unless response box 1 or boxes 1 and 2 ticked ✓

GENERAL COMMENTS:

This form will only be signed by Head of Division once project and ethical approval granted

Signature DiVREC member :_____ _____ DATE_____

SIGNATURE OF HEAD OF DIVISION: _____ DATE: _____

Submission 1 **Date __/__/__**

Submission 2 **Date __/__/__**

Submission 3 **Date __/__/__**

STUDENT TO COMPLETE sections i. – v. on submission

Student number: 16001713

ISSUES ADDRESSED	Student complete this column	COMMITTEE RESPONSE	ACTION (state whether for student / supervisor)
i. Subjects			
Number of subjects	**N=50-100**		
QMU students or other? (Please state)			
ii. Access to QMU facilities			
?which labs / rooms (if known)	**Computer rooms**		
?when is access required (dates and/or times)	**February- May 2018**		
iii. Training requirements			
Technician support required	**No**		
Supervisor to provide training	**NA**		
iv. Equipment requirement			
state precise equipment requirements	**QMU computer**		
v. Costs			
(eg reprographics / postage / consumables)	**NA**		

DivREC representative to complete sections vi. – xv, after proposal scrutiny			
		RESPONSE	**ACTION REQUIRED**
vi.Recruitment Procedure (*any advert should be included by student)*			
vii. Intervention / Investigation Procedure			
viii. Outcome measures			
ix. Risk Assessment completed			
x. Safety concerns (COSSH etc)			
xi. Information sheet			
xii. Consent Form			
xiii. Independent advisor			
xiv. Feasibility			
xv. Other issues			